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ABSTRACT

A survey project carried out by the National Opinion Research Center (NORC) measured the effects of viewing the television series, "Feeling Good." The survey was one of four studies undertaken to assess the impact of the "Feeling Good" series. This project was a field experiment designed to ascertain the effects of viewing of the programs on women in a selected community, predominantly with minority and low-income characteristics. Thirty-eight of the outcome measures indicated some evidence of a significant viewing effect, twelve of the significant impact measures showed strong evidence of a viewing effect, and the other twenty-six demonstrated partial evidence. Thus, the distribution of results shows that there were more significant viewing effects on information items than on behavior items. Extensive data tables document the report. (HAB)

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# The Effects of Viewing Feeling Good: Results from A Field Experiment in a Low-Income Community

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NATIONAL OPINION RESEARCH CENTER
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April, 1976

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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M.J.M.

April, 1976

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## CHAPTER I

## INTRODUCTION

This report presents the results of a survey project carried out by the National Opinion Research Center (NORC) to measure the effects of viewing the television series Feeling Good. The series, the first that the Children's Television Workshop (CTW) produced for adults, was an attempt to convey health information and to motivate positive changes in health behaviors, especially in the parents of young children and in low-income families. The survey reported here is one of four studies undertaken to assess the impact of the Feeling Good series. This project was a field experiment designed to ascertain the effects of viewing of the programs on women in a selected community with predominantly minority and low-income characteristics. As such, it focused on a troublesome measurement problem: to find out how a hard-to-reach audience reacted to the series. Other projects funded by CTW to assess the impact of Feeling Good and discuss the measurements of overall audience size, national audience reactions, and the effects of voluntary viewing, are reported in separate documents.

### Objective of the Study

Feeling Good was intended to reach all adults, but with particular emphasis on young parents in lower economic brackets who do not frequently seek health information and who may not make frequent visits to a physician. The series sought to inform adults about activities that would promote better health for themselves and their children. Assessment of the series seeks to identify the impact of Feeling Good on the health attitudes, knowledge, and behavior of its audience.

The major objective of the NORC field experience was to measure the impact of the series on those who viewed all or any part of the series. This study confined itself to determining the effectiveness of the series according to the goals of its creators. It did not deal with unintended consequences or attempt to provide overall data on the number or kinds of individuals who viewed the series. "Ratings" data, such as is normally collected to judge the popularity of television programs, is provided in a study by Nielsen.

## Design Decisions: Issues and Solutions

In considering the design of this study, several issues were immediately evident and had to be dealt with both in the selection of the sample population and in the construction of the survey instruments to be used. The first issue concerned the assessment of behavior change in areas where the behavior under consideration was not itself easily measurable. Since many of the behavior changes the series sought to promote were small--for example, changes in daily habits such as eating and exercise--it was difficult to measure accurately the degree to which they occurred. Consider such small changes as an increased diet of leafy green vegetables and walking rather than driving to the supermarket, which might occur as a result of viewing the series. On the one hand, simply asking a respondent if she is aware of such changes in her daily habits may very well lead her to overestimate the actual change.

On the other hand, a respondent may not perceive such changes as a significant alteration in her overall behavior and, unless properly questioned, may not recall them or mention them to the interviewer.

The solution for this issue lay in the art of questionnaire construction. Our strategy was threefold. First, we tried to limit the questions to behavioral topics that were treated directly in the programs being assessed. Second, we attempted to ask the questions as closely as possible in time to the screening of the programs that discussed the specific topics. Third, we tried to direct the questions to particular time periods that corresponded to the screening of the programs. Thus, the respondent's attention was directed to the period during which the programs were screened in an effort to get the respondent to consider only behaviors that actually occurred in that time period. While this technique does not entirely prevent "telescoping"--that is, reporting on events that occurred at some time previous to the period in which we were interested--it does serve to reduce it. (Note, of course, this strategy minimizes the possibility of detecting positive lag effects of the series.)

A second design issue was the relating of changes in knowledge and behavior to the impact of the series itself. For example, it is probable that during the course of the field period of this study, which spanned a period of over seven months, some of the viewers experienced health problems that led them to consult physicians, who may not only have treated the specific problems, but also exposed the respondents to a wide range of advice and treatment. Respondents might also have discovered, through magazines, newspapers, other television programs, or through other health campaigns, some of the same information as was presented in the series. The solution to this problem--the effects of exogenous factors--required an experimental study design in which individuals were randomly assigned to two treatment groups: a group whom we were relatively certain would view the series and a control group whom would not normally be expected to view a series of this kind. In addition, for each group before and after measures had to be obtained to make possible the observation of change in reported behavior, knowledge, and attitudes related to health matters that were the subject of the Feeling Good series. Hence, the research design was a multiwave panel study in which respondents were randomly assigned to treatment groups with an interview point prior to the beginning of the series, two interview points during the course of the series, and a final post-test after the broadcast of the programs to be assessed.

Once the basic experimental design was decided upon, a third issue became evident. Assigning respondents to a viewing group does not, of course, guarantee that they will actually view the programs in question. Indeed, previous research on public television programs suggests that the proportion of PBS (Public Broadcasting Service) viewers in a randomly selected sample would be small unless some special inducements were offered to motivate respondents to view. It was therefore decided that respondents who were assigned to the viewer group would be offered $50 to view Feeling Good and to participate in the survey. (Payment was made in two parts: $20 at the second interview point and the remaining $30 at the final interview point.) All respondents in this group were paid, whether or not they reported viewing all of the programs, because making the payment contingent on actually viewing all of the programs could have encouraged false reporting of viewing (which, of course, may have occurred anyway). By offering such a monetary inducement, we hoped to obtain an audience sufficiently large for reliable estimation of the impact of the series.

Inducing people to view programs that they probably would not see in the course of their normal viewing patterns resolved the problem of a small viewing group, but introduced another possible confounding effect: inducement itself might create some effect independent from viewing the programs. A difference found between the Induced Viewers and the control group of Non-Induced Non-Viewers might be a result of our paying the respondents to participate in the study rather than of their viewing the programs. In order to measure this possible effect, a second inducement group was included in the design. The respondents assigned to this Induced Non-Viewer group were offered $20 just to participate in the survey. (Again, payment was made in two parts: $5 at the second interview point and $15 at the final interview point.) Although they were asked on later interviews, as were members of the Non-Induced Non-Viewer group, whether they had viewed any of several PBS television programs including Feeling Good, no mention of the series was made at the time of the baseline interview when their participation was solicited.

Establishment of the three treatment groups and the subsequent random assignment of respondents to these groups also provided a solution to the potential problem of selection bias on the part of the viewers. If individuals were just randomly sampled, and then classified on the basis of whether or not they had viewed all or some of the

Feeling Good programs, it is possible that the findings would have been affected by a tendency for persons who already had an interest in and perhaps extensive knowledge about health-related topics to be more likely to view the series. Though it might have been possible to control statistically for many of the pre-existent differences between randomly selected viewers and non-viewers, we would not have been able to say with any degree of assurance that the programs were seen by viewers who did not have a predisposition to view the series, nor that the effects were a result of viewing rather than of such a predisposition. This problem of selection bias is common in studies of the impact of media exposure and information campaigns. The experimental design of this study, in which respondents were randomly assigned to different treatment groups, was expected to minimize the effects of viewer selection bias.

Two more design considerations were necessary, given the multi-wave panel structure of the study. First, measurement effects may occur simply because an individual's sensitivity to health-related issues can be increased by the repeated asking of health-related questions. In order to determine the influence of the repeated questioning in the panel design, some of the respondents were randomly assigned to subgroups that were not interviewed at all points. This subgrouping clearly weakened the power of the panel approach by reducing the number of respondents interviewed on all waves, but it allowed for assessment of the effects of repeated measurement. Second, attrition, or "panel mortality," was likely, given the length of the study. Respondents move out of the community, die, decide that they no longer want to cooperate with the research effort, and in other ways cease to be part of the group under study. A 20 per cent attrition rate is generally estimated for a typical short-term panel study. Therefore, in order to have n respondents at the end of the field period, it was necessary to start with 1.25 x n respondents at the outset of this study.

In addition to the numerous complexities outlined above, there were changes in the production of the Feeling Good programs that also affected the design of the field experiment. Originally, Feeling Good was to consist of 26 hour-long programs in a magazine format to be broadcast in consecutive weeks. As it finally evolved, however, the series consisted of two seasons, designated Season A and Season B. During Season A, a set of characters appeared in each of the programs, and a central location, a restaurant called Mac's Place, was the focus of the story line. In each program several health-related topics were covered, with a number of health-related themes being developed over the entire series. Sometime after Season A began, dissatisfaction with the series developed, and this format was discontinued after the eleventh program. Thus, Season A consisted of 11 hour-long programs which were broadcast from November 24, 1974 to February 6, 1975. Eight weeks elapsed between the end of Season A and the beginning of Season B.

Season B consisted of 13 half-hour programs with an interview format, with Dick Cavett as host. Season B differed from Season A in that each Season B program focused on a single health topic and did not try to provide any story or character continuity from program to program. The primary emphasis of the series also changed between seasons--from behavioral change in Season A to attitudinal impact and information gain in Season B. Season B programs were broadcast from April 2, 1975 to June 25, 1975. Since the NORC field experiment had been timed to cover the initially planned 26-week series ending May 14, however, only programs 2 through 7 of Season B were broadcast during the field period of this study.[1] Hence, the results reported here do not cover all of the Season B programs.

Incorporation of the major design decisions discussed above and adjustment to the production changes in Feeling Good resulted in a panel study that consisted of four separate interviews. A baseline interview (Wave I), conducted prior to the screening of the first Feeling Good program on November 24, 1974, was administered to 251 Induced Viewers, 126 Induced Non-Viewers, and 91 Non-Induced Non-Viewers. This wave included both screening and a 30-minute personal interview. On the basis of the Wave I interviews, respondents were stratified by ethnicity and presence of children under six years of age in the household and then assigned randomly to the subgroups. Wave II was conducted after the showing of the first three Season A programs, and Wave III after the completion of all 11 programs of Season A, in the second week of February, 1975. Wave IV was the final post-test and was conducted shortly after the screening of the seventh program in Season B. Subsequent to the personal interviews on Wave I, interviews in the remaining waves were conducted either on the telephone or in person, as is done in the Current Population Survey conducted every month by the Census Bureau. Approximately 85 per cent of the interviews in Waves II through IV were conducted on the telephone.

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[1] Program 1 of Season B was not included in this study because the scheduling of the production changes did not allow sufficient time for NORC to notify the Induced Viewers about the commencement of the new season.

In addition to the four substantive waves of interviewing, two brief telephone interviews were conducted before and after Wave III with respondents in the Induced Viewer group in order to ascertain the effectiveness of the inducement payment and to remind the respondents to view the programs. Wave II had revealed that a substantial proportion of the Induced Viewers were in fact not viewing the programs and a follow-up reminder was seen as necessary. In addition, these calls provided a small amount of information about reasons for not viewing. As a result of the information obtained from these interviews, during Season B greater efforts were made to inform respondents in the Induced Viewer group about the screening times of Feeling Good (shows were typically screened three times a week).[2] These efforts included sending local television listings and a Feeling Good calendar to all Induced Viewers, both clearly marked for the screening times of the programs in Season B. This increase in the use of reminder techniques was apparently successful, as evidenced by the higher self-report viewing rates in this group for Season B.

The final design for the field experiment is summarized in Table 1.1. Respondents were randomly assigned to three treatment groups: (1) the Induced Viewer group (Group A), who were paid to view Feeling Good and participate in the survey; (2) the Induced Non-Viewer group (Group B), to whom Feeling Good was not mentioned but who were paid to participate in a panel survey of health behavior and knowledge; and (3) the Non-Induced Non-Viewer group (Group C), who were given no monetary inducement to view the programs or to participate, but were merely asked for their cooperation in the survey. The columns

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[2] See Meyers (1975) for a discussion of the results of this brief interview. It should be noted that the reminder efforts in Season A were purposely small to minimize the effects of persuasion.

## TABLE 1.1

## DESIGN AND TREATMENT GROUP SIZES

| Treatment Group | Subgroup | Wave I Baseline 10/25 - 11/19/74 | Wave II 12/07 - 12/20/74 | Wave III Post-test Season A 02/06 - 02/24/75 | Wave IV Post-test Season B 05/22 - 06/16/75 | Interviewed on All Applicable Waves |
|---|---|---|---|---|---|---|
| (A) Induced Viewers . . . . . | A1 | 130 | 129 | 120 | 116 | 109 |
| | A2 | 31 | | 31 | 31 | 29 |
| | A3 | 90 | | | 78 | 74 |
| | A4 | | | 28 | 26 | 25 |
| TOTAL. . . . . . . . . | | (251) | (129) | (179) | (251) | (237) |
| (B) Induced Non-Viewers . . . | B1 | 32 | 32 | 32 | 27 | 27 |
| | B2 | 94 | | | 85 | 85 |
| | B3 | | | 23 | 23 | 23 |
| TOTAL. . . . . . . . . | | (126) | (32) | (55) | (135) | (135) |
| (C) Non-Induced Non-Viewers . | C1 | 91 | | 84 | 78 | 76 |
| | C2 | | | 24 | 20 | 20 |
| TOTAL. . . . . . . . . | | (91) | | (108) | (98) | (96) |
| TOTALS . . . . . . . . | | 468 | 161 | 342 | 484 | 468 |

represent the points at which data were gathered; the rows represent subgroups within each of the three treatment groups. As an example, consider the first row (Induced Viewers, Subgroup A1): 130 respondents were interviewed on Wave I, 120 on Wave III, and 116 on Wave IV. Or, consider Subgroup C1 (Non-Induced Non-Viewers): 91 respondents were interviewed on Wave I, 84 on Wave III, and 78 on Wave IV.

Because some individuals were not available for interviewing after Wave I, there is some variation in subgroup sizes from wave to wave. On each wave an attempt was made to contact all respondents who had been selected originally, regardless of whether or not they had responded on the previous applicable wave, but the analysis of the data presented later in this report is based only on those respondents who were interviewed on all of the waves applicable to their subgroup. The final column of Table 1.1 gives the number of respondents within each subgroup who were interviewed on all applicable waves. (Thus, for example, out of the 130 women who originally agreed to participate as Induced Viewers in Subgroup A1, 109 were interviewed on all four waves.) The decision to exclude respondents with incomplete data across waves from the analysis was made to eliminate the difficulties of analyzing changes within groups that contained individuals with different interview experiences and for whom we had different amounts of data. This decision resulted in setting aside 75 respondents from the final analysis. The effect of excluding these individuals on the interpretations of the impact of the Feeling Good series is discussed in detail in the fourth section ("Nontreatment Effects") of the next chapter.

## Sample

Low-income parents of small children were a particular, though not exclusive, focus of interest for the Feeling Good series. The interest in this target population suggested that at least one of the several planned projects to measure the impact of Feeling Good should concentrate on this audience. In addition, the experimental design of this study could be executed more easily if efforts were focused on one target group, particularly if they were geographically concentrated so that availability of medical facilities, timing and clarity of program reception, and the effects of any other non-program variables could be more or less equal for the different treatment groups. For these reasons, it seemed best to carry out the field experiment within a single community rather than across the entire country.

The community selected for the study was the Oak Cliff section of Dallas, Texas. The criteria for selection were: (1) a strong VHF television signal for the PBS station transmitting the Feeling Good programs; (2) a predominantly low-income area with strong minority representation; and (3) location in one of NORC's Primary Sampling Units with a sufficiently large staff of trained interviewers available to conduct the study.

At the time of the 1970 Census, approximately 25 per cent of the households in the Oak Cliff area were black, 25 per cent were of Hispanic origin, and roughly 50 per cent had an annual income of less than $7,500. The selection of such a community maximized the chances of obtaining a sample with the desired combination of demographic characteristics, but did not guarantee that the composition of the selected sample would be, with respect to ethnicity and income, exactly one-quarter black, one-quarter of Hispanic origin, and 50 per cent low income. The distributions of demographic characteristics for the individuals who participated in this study are presented in the fourth section ("Nontreatment Effects") of Chapter II.

Census tract data for the Oak Cliff area were assembled by the NORC sampling department. First, numerous sampling segments within the area were chosen by probability methods. The chosen segments were then assigned at random to the treatment groups--Induced Viewers, Induced Non-Viewers, and Non-Induced Non-Viewers. Entire segments were assigned to the same treatment group in order to minimize the problems that might result from paying some respondents, but not others who live close by.

For reasons of cost, a block quota sample was employed. In obtaining respondents, NORC interviewers screened for a working television set that had good reception of KERA (Channel 13). Because a large number of the health-related topics dealt with in the Feeling Good programs were primarily of interest to women (breast examination, Pap smear, etc.) the sample was limited to females classified as "female head of household."

In addition, there was a quota requirement that 50 per cent of the households have at least one child under six years of age. In the households with young children, the respondent was the female member of the household most responsible for the health care of the children. Ordinarily this was the children's mother, but in some instances the respondent was a female who fulfilled the role of mother.

After completion of the Wave I interviews, the instruments were shipped from the Dallas field office to NORC's Chicago headquarters for the assignment of the respondents to subgroups. On the basis of these interviews, respondents were stratified by ethnicity and the presence of at least one child under six years of age in the household, and were then randomly assigned to the subgroups. The subgroup assignments were then sent to the Dallas office prior to the start of the Wave II field work.[3] Complete interviewer specifications and sampling instructions are included in the Appendix.

## Organization of the Report

The following discussion is divided into three chapters. In the next chapter we present data on the characteristics of the respondents in this study and their viewing experience and habits. The second chapter also includes discussion of the measurement problems and the development of the basic viewing measures that are used in the analysis of the impact of Feeling Good. In the third chapter we present data on the effects of viewing the series. The analysis of the data in Chapter III is organized around six themes:

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[3] Note that respondents assigned to subgroup A4 or B3 did not participate in the personal interview portion of Wave I (see Table 1.1). For persons assigned to A4, this wave consisted only of a brief screening and the establishment of a contractual agreement to view the Feeling Good programs and to participate in the survey for a payment of $50. The B3 respondents were also screened at Wave I, and agreed to participate in the study for a payment of $20. Persons in the C2 subgroup did not participate at all in Wave I (refer again to Table 1.1), but came into the study at the time of their initial sampling during the Wave III interview period.

1. Health information, largely knowledge and attitudes about hygiene and preventive measures. This theme will be analyzed in six areas:

   a) general health information;
   b) cancer-related information;
   c) information about heart and circulatory problems;
   d) pregnancy and children's health;
   e) alcoholism; and
   f) dental care.

2. Health-related behavior, largely dealing with preventive measures. This theme is considered separately for respondents' own behavior and for behavior related to their children's health. For respondents' own health-related behavior, effects will be analyzed in four areas:

   a) general health-related behavior;
   b) cancer-related behavior;
   c) behavior related to the heart and circulatory system; and
   d) behavior related to dental care.

For children's health-related behavior, effects will also be analyzed in four areas:

   a) immunizations;
   b) vision and hearing examinations;
   c) poison control; and
   d) eating habits.

3. Doctor/Patient communication. This theme deals with the way in which a doctor and a patient interact with one another in discussing health problems.

4. General interest in health information. This theme concerns the degree to which the program series affected the respondent's interest in finding out more about health-related topics.

5. Attitudes toward one's own ability to influence one's health. In the discussion of this theme a fatalistic attitude is differentiated from a belief that one's everyday lifestyle can affect one's health.

6. Influence on other people's behavior. This theme deals with the respondent's attempts to influence the health-related behavior of other members of her family or of her friends.

Themes (1), (2), and (3) will be analyzed for the entire Season A, and, where applicable in Season B, by each program. Themes (4) through (6) will be analyzed in terms of the overall impact (Seasons A plus B) of Feeling Good.

Finally, the fourth chapter will sum up our analysis. In addition, an Appendix presents the questionnaires used in the study, the details of the field work, and a complete set of marginal distributions of the responses to all items. Also included in the Appendix is a brief description of a data collection effort entitled "Community Monitoring." The community monitoring project was proposed to ascertain information other than self-report data about the community's reaction to Feeling Good. Unfortunately, because of numerous difficulties, given the time and financial constraints of the field experiment, this project was not carried out beyond the exploratory stage.

# CHAPTER II

## VIEWING INDICES: THE REDEFINITION OF TREATMENT GROUPS

This chapter presents the rationale for and difficulties of establishing the viewing indices that are used as criterion variables to redefine the treatment groups. The following discussion is presented in five sections. The first section presents an outline of the original experimental design and analysis plan. The second section discusses the two unexpected occurrences in the viewing patterns that arose during the study and suggested the creation of an alternative design and analysis plan. The third section presents the statistical and conceptual decisions made in establishing the viewing indices that were used to redefine the treatment groups. This section also discusses measurement errors in the viewing indices that can produce misclassification errors. In addition to errors of misclassification, the recategorization of respondents in terms of responses obtained during the experiment may create several other difficulties in the analysis of the treatment effects. Some of these problems--such as composition differences, effects due to non-random attrition, selection bias in viewing, and baseline (pretest) differences--are analyzed in section four. The fifth section is a summary discussion of the problems that motivated a redefinition of treatment groups, the logic of constructing the viewing indices, and the complexities of analyzing differences between posterior-defined treatment groups.[1]

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[1] In the following discussion we have avoided the use of statistical formulae and the esoteric terminology of experimental design methodology. Our objective in this chapter is not to present a rigorous mathematical statistical analysis, but rather to examine the design

## A Priori Design and Analysis Plan

As briefly discussed in Chapter I, the a priori experimental design of this study specified three major treatment groups: Induced Viewers (Group A), Induced Non-Viewers (Group B), and Non-Induced Non-Viewers (Group C). Each of the three treatment groups contained subgroups defined by the frequency and time at which respondents were interviewed. (A schematic presentation of the complete design is shown in Table 1.1.) Essentially, the design follows the basic logic of an incomplete two-factor experiment, displayed in Figure 2.1.

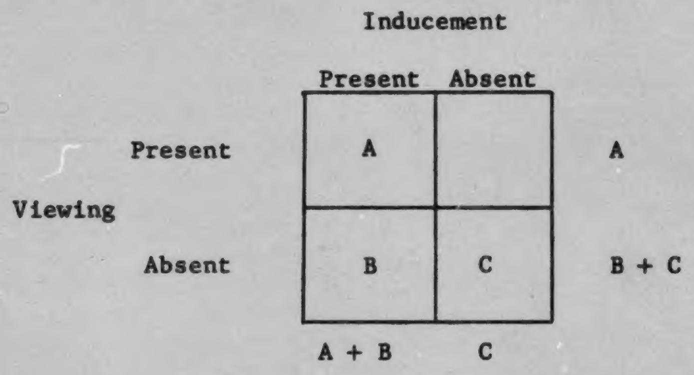

Fig. 2.1.--Original Design of Study

The two factors--viewing and inducement--have two levels, present and absent. The levels of the two factors are assumed to be fixed rather than random; that is, they are not assumed to have been randomly drawn

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problems of the study and discuss the influences of these problems on the interpretation of the impact of Feeling Good. For a more thorough statistical discussion of the analysis of experimental data, refer to Fisher 1925; Kempthorne 1952; Sheffé 1959; Winer 1962; and Bock 1975. An excellent overview of quasi-experimental designs is presented in Campbell and Stanley 1963. Two papers that discuss analytic problems specific to television-related data are Armor 1974; and Rossiter and Robertson 1975.

from a population of viewing or inducement levels, and the results are, therefore, specific only to the levels in this field experiment and not generalizable to other definitions of viewing and inducement. The analysis of effects is limited to main effects; it excludes analysis of interactions because the "viewing-present, inducement-absent" cell is empty. The measure of the viewing main effect consists of the contrast between A and B + C, or A-B. The inducement main effect is indicated by the differences between A + B and C, or B-C.

The use of subgroups was introduced to allow for the assessment of measurement effects. "Measurement effect" is a generic rubric that refers to changes in response distributions caused by the frequency of interviewing. For example, respondents in subgroups A1 and A4 may have similar histories of health problems and may encounter similar health problems during the study; however, because of the differences in the number of times interviewed (four versus two), there may be differences in awareness of health-related difficulties, and, as a result, the A1 subgroup may report a higher frequency of such problems. This example portrays a "positive mean-level measurement effect." It should be noted, however, that measurement effects can also have a negative influence on a mean--that is, the more interviews, the more the mean is depressed--and that they can also affect variances, covariances, and several other statistics. Conceptually, the meaning of measurement effects is generally straightforward; however, the size of such effects is not easily estimated. Further discussion of measurement effects will be presented in the beginning of the next chapter, but three points about these effects will be mentioned here.

First, measurement effects are specific to each variable. Some variables may be sensitive to these effects, whereas others may show no indication of such effects. Within the spectrum of dependent variables, it is also possible for variables to react to measurement effects in an opposite fashion (i.e., the mean for one variable may be inflated, while the mean for another variable may be deflated).

Second, measurement effects are generally assessed within treatment groups; that is, between subgroups--for example, A1 versus A4 or B1 versus B3. If there appear to be no significant intra-treatment group differences, then the subgroups can be aggregated into one group to yield better estimates of the treatment effects. If there are significant intra-group differences, however, two strategies are possible: (1) estimate the parameter for the measurement effects for a specific variable from the intra-group differences, adjust for this parameter, and then collapse the subgroups for further analysis of treatment effects; or (2) redefine the experimental treatment groups, allowing the measurement effects to attain the status of a major factor in the study, and hence, perform all analysis on subgroups. In summary, the presence of and decisions about measurement effects determine the level of intra-group aggregation at which the analysis proceeds.

Unfortunately, a third complexity related to the influence of measurement effects on inter-group differences is also present in this study. During considerations of an experimental design of this type, investigators usually attempt to establish balanced samples; that is, ideally, all treatment groups are subjected to identical patterns of measurements (interviews). Because of financial and time constraints, however, a fully balanced sample was not obtained in this study.

The distribution of subgroups over the number of times interviewed is shown in Figure 2.2. Overall, this distribution shows that Group A had 11 interview points, Group B had 8 interview points, and Group C had 5 interview points. Theoretically, it is difficult to see how these differences might affect the interpretations of inter-group differences, but in the next chapter we will attempt to estimate the influences of these differences on specific findings.

| Number of times interviewed | Subgroup |
|---|---|
| 4 | A1, B1 |
| 3 | A2, C1 |
| 2 | A3, A4,[a] B2, B3, C2 |

[a] Note that although respondents in both subgroups A3 and A4 were interviewed twice, the schedules of interviewing were different (refer to Table 1.1). This aspect of the design was introduced to assess the specific measurement effect of the Wave I and Wave II interviews. That is, assuming no other differences (pretest differences, composition differences, viewing levels, reactions to Feeling Good) within Group A, then any differences between subsamples A1 and A4 should be attributable to the reactive effects of the A1 respondents to interviews at Wave I and Wave II. Because of the small group sizes and a number of other unexpected complexities discussed in the next section, these differences were not examined.

Fig. 2.2.--Distribution of Number of Times Interviewed by Subgroup

In conclusion, the a priori experimental design consisted of three cells of a two-factor (viewing and inducement)-two level (present and absent) study. The respondents were randomly assigned to treatment groups to control for composition differences (e.g., differences in demographic characteristics). Subgroups were designated within each treatment group to allow for the assessment of measurement effects. The original analysis plan called for an examination of the differences in selected outcome measures among the three major treatment groups.

## Unsuccesful Inducement and Unexpected Viewers

Two unexpected occurrences suggested that the original analytic strategy would be inadequate: (1) a substantial number of respondents in the Induced Viewer group ( Group A) reported not viewing all or some of the *Feeling Good* programs; and (2) conversely, a relatively large portion of the Non-Viewer groups ( Groups B and C) reported viewing *Feeling Good*, particularly in Season B.

The first finding was revealed by data collected in two sets of questions--one set consisted of self-reports of viewing, the other set consisted of questions about knowledge of specific programs. The set of self-report viewing items asked about overall viewing of Season A programs and program-specific viewing of Season B. The distribution of the responses to the self-report questions is presented in Table 2.1. Although several interesting patterns of reported viewing are revealed in this table, and, to be sure, some significant differences do exist between the subgroups, the four following statements best characterize these data:

1. 45 per cent of subgroup A1 reported viewing only one or none of the first three Season A programs;
2. 54 per cent of Group A reported viewing only half or less of Season A;
3. 11 per cent of Group A reported not viewing any Season B programs; and
4. although reported program-specific viewing in Season B was relatively higher than the combined percentages of "all eleven" or "most" for the Season A viewing, there are seven questions about program viewing across the subgroups to which at least 40 per cent of the respondents reported non-viewing.

TABLE 2.1

SELF-REPORTED VIEWING PATTERNS FOR INDUCED VIEWERS (GROUP A)

(Per Cent)

| | SEASON A | | | | | SEASON B | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WAVE II | | WAVE III | | WAVE IV | WAVE IV | | (Brief Viewing Ascertainment Interview)[a] | | | | WAVE IV | | | |
| | How many programs? | | How many programs? | | How many Season A programs? | Have seen any Season B programs? | | | Program 2 | 3 | 4 | 5 | 6 | 7 |
| **Subgroup A1** (N = 109) | Three | 23 | All eleven | 6 | 10 | Yes | 85 | Viewed | 63 | 62 | 65 | 72 | 62 | 47 |
| | Two | 31 | Most | 41 | 40 | No | 15 | Didn't view | 37 | 38 | 35 | 28 | 38 | 53 |
| | One | 18 | About half | 20 | 14 | | | | | | | | | |
| | Saw, but don't know how many? | 1 | Only a few | 25 | 31 | | | | | | | | | |
| | None | 27 | Saw, but don't know how many? | 2 | 1 | | | | | | | | | |
| | | | None | 6 | 4 | | | | | | | | | |
| **Subgroup A2** (N = 29) | | | All eleven | 0 | 3 | Yes | 93 | Viewed | 55 | 76 | 66 | 59 | 66 | 59 |
| | | | Most | 48 | 35 | No | 7 | Didn't view | 45 | 24 | 35 | 41 | 35 | 41 |
| | | | About half | 21 | 17 | | | | | | | | | |
| | | | Only a few | 31 | 38 | | | | | | | | | |
| | | | Saw, but don't know how many | 0 | 3 | | | | | | | | | |
| | | | None | 0 | 3 | | | | | | | | | |
| **Subgroup A4** (N = 25) | | | All eleven | 8 | 8 | Yes | 92 | Viewed | 64 | 64 | 64 | 68 | 64 | 40 |
| | | | Most | 32 | 20 | No | 8 | Didn't view | 36 | 36 | 36 | 32 | 36 | 60 |
| | | | About half | 4 | 16 | | | | | | | | | |
| | | | Only a few | 52 | 44 | | | | | | | | | |
| | | | Saw, but don't know how many | 0 | 4 | | | | | | | | | |
| | | | None | 4 | 8 | | | | | | | | | |
| **Subgroup A3** (N = 74) | | | All eleven | | 18 | Yes | 92 | Viewed | 70 | 76 | 62 | 74 | 75 | 55 |
| | | | Most | | 32 | No | 8 | Didn't view | 30 | 24 | 38 | 26 | 26 | 45 |
| | | | About half | | 18 | | | | | | | | | |
| | | | Only a few | | 27 | | | | | | | | | |
| | | | Saw, but don't know how many | | 4 | | | | | | | | | |
| | | | None | | 1 | | | | | | | | | |
| TOTAL | Three | 23 | All eleven | 5 | 11 | Yes | 89 | Viewed | 65 | 68 | 64 | 71 | 67 | 50 |
| | Two | 31 | Most | 41 | 35 | No | 11 | Didn't view | 35 | 32 | 36 | 30 | 33 | 50 |
| | One | 18 | About half | 18 | 16 | | (N=237) | (N=237) | | | | | | |
| | Saw, but don't know how many | 27 | Only a few | 30 | 32 | | | | | | | | | |
| | None | 1 | Saw, but don't know how many | 1 | 3 | | | | | | | | | |
| | | | None | 5 | 3 | | | | | | | | | |
| | | (N=109) | | (N=163) | (N=237) | | | | | | | | | |

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[a] These data were collected during the brief viewing ascertainment interview conducted between Waves III and IV. Refer to page 9 in Chapter I for a description of this interview.

These findings indicate the presence of large variation in the self-report viewing patterns of respondents in Group A. Two points about these findings should be emphasized. First, it is noteworthy that even though the Group A respondents were paid (induced) to view all of the Feeling Good series, several of these women were honest about reporting non-viewing. Second, however, because of the contractual obligation to view all of the programs, it is not unreasonable to expect that some of the respondents reported viewing Feeling Good when they actually did not view. The percentages of viewers as estimated from the self-report items are therefore probably inflated figures.

Because of the uncertainty about the estimates of the percentage of actual viewers from the self-report items, a second set of items to measure viewing was added. These questions measure knowledge of specific content for each Season A and Season B program. These items contain five response alternatives: one correct content response; two incorrect content responses; "Don't remember" or "Don't know"; and "Didn't see show." (Refer to the Appendix for the exact wording of these items.) The distribution of responses for these items is presented in Table 2.2 and summarized in Figure 2.3 and Table 2.3.

These data may be more informative about viewing patterns than the self-report viewing items discussed above because they provide a more stringent criterion for viewing. They measure not only the presence or absence of viewing, but also the level of attention. Presumably, if a respondent viewed attentively a particular program, the correct response alternative should be obvious. Although these items may yield a more accurate portrayal of actual viewing patterns, there are five potential problems in the interpretation of responses to these questions: guessing effects, variation in the level of item difficulty, memory effects, ambiguity about the correct

## TABLE 2.2

## RESPONSES TO ITEMS ABOUT KNOWLEDGE OF SPECIFIC PROGRAMS

(Per Cent)

| | SEASON A | | | | | | | | | | | | SEASON B | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WAVE II | | | | WAVE III | | | | | | | | WAVE IV | | | | | |
| Program: | (1-3) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 |
| Subgroup A1 | | | | | | | | | | | | | | | | | | |
| (N = 109) | | | | | | | | | | | | | | | | | | |
| Correct . . . . . | 63 | 27 | 39 | 30 | 21 | 35 | 43 | 43 | 31 | 39 | 56 | 44 | 28 | 18 | 18 | 42 | 24 | 6 |
| Incorrect . . . . | 4 | 27 | 6 | 5 | 13 | 16 | 7 | 7 | 17 | 13 | 6 | 6 | 13 | 20 | 39 | 17 | 22 | 45 |
| Don't know (Don't remember) . . . | 6 | 9 | 9 | 12 | 15 | 25 | 12 | 11 | 24 | 17 | 13 | 12 | 27 | 29 | 16 | 17 | 28 | 20 |
| Didn't see show . | 27 | 38 | 46 | 53 | 51 | 25 | 38 | 39 | 28 | 31 | 26 | 38 | 32 | 32 | 27 | 24 | 26 | 28 |
| Subgroup A2 | | | | | | | | | | | | | | | | | | |
| (N = 29) | | | | | | | | | | | | | | | | | | |
| Correct . . . . . | | | | | 28 | 24 | 55 | 38 | 21 | 41 | 52 | 41 | 35 | 14 | 21 | 41 | 31 | 7 |
| Incorrect . . . . | | | | | 14 | 14 | 3 | 7 | 21 | 14 | 10 | 3 | 10 | 14 | 38 | 17 | 10 | 48 |
| Don't know (Don't remember) . . . | | | | | 28 | 28 | 21 | 21 | 35 | 17 | 14 | 10 | 28 | 48 | 21 | 17 | 41 | 28 |
| Didn't see show . | | | | | 31 | 35 | 21 | 35 | 24 | 28 | 24 | 45 | 28 | 24 | 21 | 24 | 17 | 17 |
| Subgroup A4 | | | | | | | | | | | | | | | | | | |
| (N = 25) | | | | | | | | | | | | | | | | | | |
| Correct . . . . . | | | | | 16 | 24 | 48 | 40 | 28 | 52 | 52 | 28 | 44 | 20 | 32 | 32 | 20 | 8 |
| Incorrect . . . . | | | | | 16 | 16 | 0 | 4 | 28 | 8 | 8 | 8 | 12 | 16 | 28 | 12 | 20 | 48 |
| Don't know (Don't remember) . . . . | | | | | 12 | 32 | 12 | 12 | 16 | 8 | 16 | 20 | 12 | 24 | 12 | 20 | 28 | 12 |
| Didn't see show . | | | | | 56 | 28 | 40 | 44 | 28 | 32 | 24 | 44 | 32 | 40 | 28 | 36 | 32 | 32 |
| Subgroup A3 | | | | | | | | | | | | | | | | | | |
| (N = 74) | | | | | | | | | | | | | | | | | | |
| Correct . . . . . | | | | | | | | | | | | | 35 | 26 | 22 | 34 | 31 | 12 |
| Incorrect . . . . | | | | | | | | | | | | | 16 | 28 | 34 | 27 | 27 | 47 |
| Don't know (Don't remember) . . . | | | | | | | | | | | | | 32 | 23 | 28 | 20 | 26 | 22 |
| Didn't see show . | | | | | | | | | | | | | 16 | 23 | 16 | 19 | 16 | 19 |
| TOTAL | | | | | | | | | | | | | | | | | | |
| Correct . . . . . | 63 | 27 | 39 | 30 | 22 | 31 | 46 | 42 | 29 | 42 | 55 | 41 | 33 | 20 | 21 | 38 | 27 | 8 |
| Incorrect . . . . | 4 | 27 | 6 | 5 | 14 | 15 | 6 | 7 | 19 | 12 | 7 | 6 | 14 | 22 | 36 | 19 | 22 | 46 |
| Don't know (Don't remember) . . . | 6 | 9 | 9 | 12 | 17 | 26 | 14 | 13 | 25 | 15 | 14 | 13 | 27 | 29 | 20 | 19 | 29 | 21 |
| Didn't see show . | 27 | 38 | 46 | 53 | 49 | 27 | 35 | 39 | 28 | 31 | 25 | 40 | 27 | 29 | 23 | 24 | 22 | 25 |
| N = | (109) | (109) | (109) | (109) | (163) | (163) | (163) | (163) | (163) | (163) | (163) | (163) | (237) | (237) | (237) | (237) | (237) | (237) |

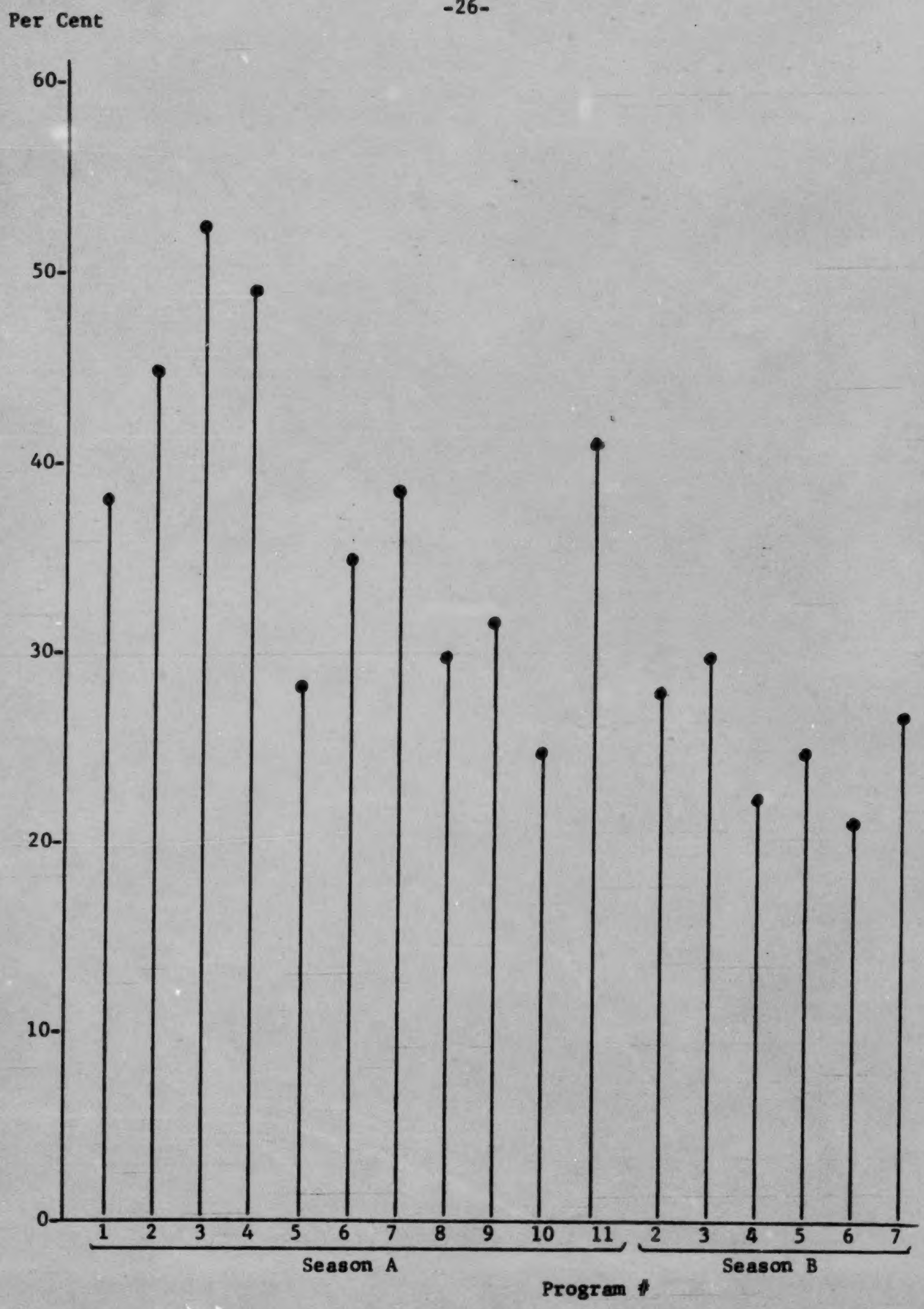

Fig. 2.3.--Total per cent of Induced Viewers (Group A) who reported "didn't see show"

response alternative, and partial viewing (i.e., a respondent may have viewed a program but may not have been attentive to the segment that contained the particular content measured in a knowledge item; she would therefore be unable to give the correct answer unless she guessed). These five problems will be discussed in detail in the next section. It is sufficient to note here that a large number of respondents in Group A said that they did not view all or some of the Feeling Good programs. Figure 2.3 indicates that seven programs were reported to be viewed by less than two-thirds of the respondents in this group. Similar to the results from the self-report viewing items, these data show that respondents were more likely to report not viewing Season A programs than Season B programs. Table 2.3 presents the mean percentage of correct responses to the knowledge items across several programs. Again, it is apparent from the percentages in this table that a large number of the Group A respondents did not view attentively all of the Feeling Good programs.

TABLE 2.3

SUMMARY MEANS OF THE PERCENTAGE OF CORRECT RESPONSES TO KNOWLEDGE ITEMS

| Programs | | Subgroup (Average Per Cent Correct) | | | | |
|---|---|---|---|---|---|---|
| | | A1 | A2 | A4 | A3 | Total |
| Season A | 1 - 3[a] | 32 | | | | 32 |
| | 4 - 11 | 39 | 38 | 36 | | 39 |
| Season B | 2 - 7 | 23 | 25 | 26 | 27 | 25 |

[a] This excludes the general item in Wave II which asked about Mac's Place.

The second unexpected occurrence, respondents in Group B (Induced-Non-Viewer) and Group C (Non-Induced Non-Viewer) who reported viewing Feeling Good, is indicated by the data presented in Table 2.4. Because of the a priori assumption that Group B and C respondents would not view Feeling Good programs, respondents in these groups were asked questions only about their general viewing patterns. In addition, not all of the B and C sub-groups were interviewed during each wave. We are therefore unable to determine the actual amount of viewing by these groups, or which specific programs the B and C viewers did watch. It is evident, however, from the results presented in Table 2.4, that approximately one-fourth of the respondents in Groups B and C reported having viewed Feeling Good at some time.

In summary, the two unexpected occurrences discussed above prohibited the use of the original analytic plan. The effects of these occurrences on the distribution of respondents across treatment groups is diagrammed below:

a.

Original Design
(specified a priori)

| | | Inducement Present | Inducement Absent |
|---|---|---|---|
| Viewing | Present | A | |
| | Absent | B | C |

b.

Actual Design
(as indicated by measurement during experiment)

| | | Inducement Present | Inducement Absent |
|---|---|---|---|
| Viewing | Present | A<br>B* | C* |
| | Absent | A*<br>B | C |

*denotes unexpected group

Fig. 2.4.--A Priori and Actual Design of Study

## TABLE 2.4

## SELF-REPORT VIEWING BY INDUCED NON-VIEWERS (GROUP B) AND NON-INDUCED NON-VIEWERS (GROUP C)

(Per Cent)

Have you watched *Feeling Good*?[a]

| | Subgroup | | | | | |
|---|---|---|---|---|---|---|
| | B1 | B2 | B3 | C1 | C2 | Total |
| **WAVE II** | | | | | | |
| Yes | 11 | | | | | |
| No | 85 | | | | | |
| Don't know | 4 | | | | | |
| N | (27) | | | | | |
| **WAVE III** | | | | | | |
| Yes | 11 | | 4 | 13 | 0 | 10 |
| No | 89 | | 96 | 83 | 100 | 88 |
| Don't know | 0 | | 0 | 4 | 0 | 2 |
| N | (27) | | (23) | (76) | (20) | (146) |
| **WAVE IV** | | | | | | |
| Yes | 26 | 25 | 17 | 13 | 10 | 19 |
| No | 74 | 74 | 79 | 87 | 90 | 80 |
| Don't know | 0 | 1 | 4 | 0 | 0 | 1 |
| N | (27) | (85) | (23) | (76) | (20) | (231) |
| **TOTAL**[c] | | | | | | |
| Yes | 37 | 25 | 17 | 21 | 10 | 23 |
| No | 63 | 75 | 83 | 79 | 90 | 77 |
| N | (27) | (85) | (23) | (76) | (20) | (231) |

If "*Yes*," how many times?

| Number of Times | Subgroup | | | | | |
|---|---|---|---|---|---|---|
| | B1 | B2 | B3 | C1 | C2 | Total |
| 1 | 67 | | | | | |
| 3 | 33 | | | | | |
| N | (3) | | | | | |
| 1 | 33 | | 0 | 18 | | 20 |
| 2 | 0 | | 0 | 27 | | 20 |
| 3 | 33 | | 0 | 18 | | 20 |
| 4 | 33 | | 0 | 18 | | 20 |
| 5 | 0 | | 100 | | | 7 |
| 8 | 0 | | 0 | 9 | | 7 |
| 11 | 0 | | 0 | 9 | | 7 |
| N | (3) | | (1) | (11) | | (15) |
| 0 | 0 | 0 | 0 | 11 | 0 | 2 |
| 1 | 29 | 33 | 50 | 22 | 0 | 30 |
| 2 | 29 | 14 | 25 | 11 | 100 | 20 |
| 3 | 0 | 24 | 0 | 11 | 0 | 14 |
| 4 | 29 | 0 | 0 | 11 | 0 | 7 |
| 5 | 0 | 19 | 25 | 11 | 0 | 14 |
| 6 | 0 | 10 | 0 | 0 | 0 | 4 |
| 7 | 14 | 0 | 0 | 0 | 0 | 2 |
| 8 | 0 | 0 | 0 | 11 | 0 | 2 |
| Don't know | 0 | 0 | 0 | 11 | 0 | 2 |
| N | (7) | (21) | (4) | (9)[b] | (2) | (43) |

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[a] The question for each of the viewing items (viewed vs. didn't view) referred to the interval of time since the previous wave (interview period). The response to these items should therefore refer to non-overlapping time periods, i.e., different programs.

[b] One respondent in subgroup C1 failed to answer this question; therefore, the group size for this item has been reduced by one.

[c] Unfortunately the question about the number of times viewed is not time specific; therefore, it is impossible to accurately estimate the total number of times viewed.

Given the distribution of reported viewing patterns (Figure 2.4b), and the major objective of the study (assessment of the effects of viewing), three alternative strategies were possible. The first alternative was to ignore the viewing data collected during the experiment and maintain treatment group membership as originally defined. This simple strategy presented two advantages. First, the respondents were randomly assigned to the original treatment groups, and therefore acceptance of this alternative would obviate potential problems of composition differences and pretest differences that might result from reassignment or elimination of some respondents. Second, the already small group sizes would not be further decreased, and the standard errors of the estimated proportions on the outcome measures would not therefore be unnecessarily inflated. Despite these two important advantages of this alternative, however, it was not adopted because we thought the variance in reported viewing patterns was too large to be ignored. Also, since the major independent variable in the study was viewing, and if indeed viewing did significantly affect certain dependent variables, then the presence of non-viewers in Group A and viewers in Groups B and C, would tend to depress the unadjusted differences in the outcome measures between the a priori-defined treatment groups.

The second alternative was to proceed with the original design after eliminating those respondents who did not report the a priori expected viewing pattern (*samples in Figure 2.4b). This strategy, similar to the first alternative, has the advantage of simplicity. However, three problems prevented its implementation. The first problem was that non-random elimination of respondents from groups may produce composition or pretest differences (or both) between the treatment groups. The second problem was the definition of viewing level--that is, the necessity of establishing decision rules about the measurement of viewing and cutting points that would meaningfully distinguish viewers from non-viewers. If these problems of definition could reliably resolved, it would be more reasonable to include all respondents in the analysis, rather than to exclude those who are in the unexpected categories. A third problem with eliminating some respondents was the reduction in group sizes and the consequent influence of increasing standard errors, resulting in a decrease in the probability of obtaining significant viewing effects. (Statistically, this implies that our analysis would be less powerful. See Cohen 1971.) Since the original sizes of the treatment groups, and particularly of the subgroups, were relatively small, and the effects of Feeling Good were not expected to be exceedingly large, we decided that this second alternative would not be a fruitful strategy.

The third alternative was to acknowledge the variance in viewing patterns and retain most respondents, but redefine the treatment groups to adjust for considerations of the different viewing patterns.[2] This alternative is more complex than the other two strategies. It accomplished two objectives, however, that we thought were essential for an adequate analysis of the effects of Feeling Good. First, this plan neither ignored nor eliminated the variance in viewing patterns, but rather used this information to facilitate a more precise examination of the viewing effects. Second, this alternative did not discard individuals because they did not follow the a priori expected viewing pattern, but rather it used information collected from these respondents to analyze the effects of selection bias in the data.

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[2] Recall that those respondents who were not interviewed at all measurement periods for their respective subgroups were eliminated from the analysis. Refer to page 11 in Chapter I.

Adopting this third alternative, however, produced a number of questions and potential problems. The two major questions were "What decision rules are to be established for redefining the treatment groups?" and "Is it necessary to reclassify respondents into different treatment groups depending on the particular analysis?" The answers to these questions are discussed in the next section, "Construction of Viewing Indices."

The set of potential statistical and conceptual difficulties associated with this third alternative fall into the general classification of problems with the analysis of experimental effects on posterior-defined treatment groups. In this study, these problems stem from the reassignment of respondents to new treatment groups according to their responses to viewing items administered during the field experiment. This reassignment of respondents created two categories of potential problems. The first category consists of measurement error in the viewing indices which may cause errors of misclassification; that is, assigning "Viewer" scores to non-viewers or "Non-Viewer" scores to viewers. These problems are discussed in the next section. The second category of problems stems from the possibility that the posterior-defined treatment groups did not maintain the random distribution of demographic characteristics and other pretreatment attributes that existed for the a priori-defined treatment groups. These problems are discussed in the fourth section, "Nontreatment Effects," of this chapter.

## Construction of Viewing Indices

### Assumptions and Analytic Objectives

The unexpected variance of reported viewing patterns within the three original treatment groups suggested the reassignment of respondents to new treatment groups. The decision rules to reassign respondents were based on two fundamental assumptions about the nature of the impact of the Feeling Good programs, and were also determined by the three analytic objectives of this study. The first assumption about the impact of the television series was that respondents who viewed the program would be more likely to be affected by *Feeling Good* than by other aspects of the survey experience. That is, although there existed the possibility of correspondence effects (respondents in the Induced Viewer group received notice of topics of the *Feeling Good* programs) and of measurement effects (after a few interviews, the nature of the survey must have become obvious to many of the respondents), it was assumed that exposure to the programs would be the major determinant of changes in health care behavior, knowledge, and attitudes. The second basic assumption was that since the Season A programs were substantially different from the Season B programs, the impact of the series would be determined not only by the amount and frequency of viewing but also by the specific patterns of viewing. That is, in Season A, several general health care topics were repeatedly presented throughout the programs, and, therefore, exposure to these topics were determined basically by the amount and frequency of viewing. In Season B, however, each program covered only a single health topic, and hence, exposure to topics was determined by the pattern of viewing. The three analytic objectives of the study were to assess the effects of (1) the entire Season A series, (2) each of the six Season B programs separately, and (3) the Season A and Season B programs together--the Overall impact. These assumptions and objectives, given the nature of the data, suggested the establishment of eight different sets of treatment groups, one for Season A, one for each of the six Season B programs, and one for the Overall impact Respondents would be assigned to a particular treatment group for the assessment of one of the above effects depending upon their measured viewing experiences. This assignment of respondents to multiple treatment groups dictated the need for construction of eight viewing indices: a Season A index, six Season B program indices, and an Overall (Season A plus Season B) index.

Four modes of measuring viewing are typically used in television-related research: a monitoring device connected to the television set (a method used by Nielsen); an observer or panel of observers rate viewing (a method often implemented during laboratory experiments); reports by other members of the household (e.g., a mother's description of her child's viewing patterns was a method commonly used in the studies reported in the Surgeon General's report of 1971 on the relationship between violence on television and aggression); and self-report descriptions of viewing patterns or questions about knowledge of the specific content of programs. Because of financial considerations and the nature of the interviewing situation, the measures of viewing in this study were based on data collected by the last mode, self-report and knowledge questions. The choice of items that could be used as indicators of viewing was limited to the three sets of viewing questions discussed in the preceding section.

### Viewing Indices for Induced Non-Viewers (Group B) and Non-Induced Non-Viewers (Group C)

The respondents in the Induced Non-Viewer group (Group B) and the Non-Induced Non-Viewer group (Group C) were asked the same viewing question in waves II, III, and IV: If the respondent reported viewing any adult programs on Channel 13 (KERA) in . . . (different time period specified for each wave), then she was asked, "Have you watched Feeling Good?" If the response was yes, she was then asked, "How many times have you watched it?" As a result, the only decision required for constructing viewing indices for respondents in these two groups was the translation of responses to these items into viewing categories. Cognizant of the general problems with self-reports of previous behaviors, and particularly the recall of rare events (see Sudman and

Bradburn 1974), we established the following three decision rules for assigning respondents in Groups B and C to viewing categories:[3]

1. Season A Index: If the respondent reported viewing Feeling Good in either Wave II or Wave III, she was assigned a score of "Viewed Some"; otherwise, her score was "Non-Viewer."
2. Season B Program Indices: If the respondent reported viewing Feeling Good on Wave IV, she was given a score of "Uncertain Viewer" for all of the six Season B program indices; otherwise her score was "Non-Viewer."
3. Overall Index: If the respondent reported viewing Feeling Good on either Wave II, Wave III, or Wave IV, she was given a score of "Viewed Some"; otherwise her score was "Non-Viewer."

Depending on a respondent's viewing scores, she was assigned to each of the eight treatment groups.

The decision to dichotomize the viewing indices for Groups B and C was based on the following reasoning. First, placement of those respondents who did not report definitely viewing Feeling Good (e.g., "Don't know" or "Maybe") into the "Non-Viewer" group stems from our systematic efforts to establish conservative rules in categorizing respondents as "Viewers."[4] Second, although some data were collected from these respondents about the reported number of Feeling Good programs they viewed, the time period specified in this part of the viewing questions is ambiguous, and it was therefore virtually impossible to estimate precisely the amount or pattern of viewing. Finally, despite the fact that the total percentage of the "Viewed Some" responses in these two groups is unexpected and substantially greater than zero, the sizes of these viewing groups are too small to justify other than dichotomous scores.

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[3] To distinguish between originally assigned treatment groups, actual viewing patterns, and post hoc viewing scores and groups, we have selected the following notation: (1) capitalized labels without quotes refer to the a priori-defined treatment groups (e.g., Induced Viewer); (2) small letter labels without quotes refer to the actual viewing experience which we can only estimate (viewer, non-viewer); (3) capitalized labels within quotes (e.g., "Viewers") refer to the viewing scores and groups that were constructed through the use of various items in the questionnaire.

[4] Two types of misclassification errors are possible in the categorization of respondents in terms of viewing scores. One is the misclassification of actual non-viewers into a "Viewer" category. The second is the misclassification of actual viewers into a "Non-Viewer" category. By using conservative decision rules in assigning "Viewer"

The distribution of viewing scores for Groups B and C is presented in Table 2.5. The total percentage of "Uncertain Viewers" for the Season B programs is almost twice as large as the total percentage of the "Viewed Some" group for Season A (19 per cent versus 10 per cent). Across the two seasons, 53 (23 per cent) of the respondents in the B and C groups reported viewing Feeling Good programs. The interrelationships between the viewing scores within the B and C groups are presented in Table 2.6. The results for the B group indicate that of the four respondents who reported viewing some Season A programs, only one also reported viewing some Season B programs. In the C group, however, half of the respondents who reported viewing Season A also reported viewing Season B.

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scores to respondents, we are decreasing the probability of the first type of misclassification error and increasing the probability of the second type of error. The statistical rationale for adopting this relationship between the likelihoods of the two misclassification errors is complex and will not be discussed here. The basic argument is that because of the assumed true distribution of viewing scores, the viewer category containing fewer respondents, the misclassification of non-viewers into a "Viewer" category is more costly in terms of the detection of the significant effects of Feeling Good than the misclassification of viewers into a "Non-Viewer" category.

## TABLE 2.5

## VIEWING SCORES FOR GROUPS B AND C

(Per Cent)

| | | Subgroup | | | | | |
|---|---|---|---|---|---|---|---|
| Index* | Viewing Score | B1 | B2 | B3 | C1 | C2 | Total |
| Season A | Viewed Some | 11 | | 4 | 15 | 0 | 10* |
| | Non-Viewer | 89 | | 96 | 85 | 100 | 90 |
| Season B Programs | Uncertain Viewer | 26 | 25 | 17 | 13 | 10 | 19 |
| | Non-Viewer | 74 | 75 | 83 | 87 | 90 | 81 |
| Overall-- Seasons A plus B | Viewed Some | 37 | 25 | 17 | 21 | 10 | 23 |
| | Non-Viewer | 63 | 75 | 83 | 79 | 90 | 77 |
| Sample Size | | (27) | (85) | (23) | (76) | (20) | (231)<br>* (N = 146) |

## TABLE 2.6

## RELATIONSHIPS BETWEEN VIEWING SCORES WITHIN B AND C
(Conditional Probabilities)[a]

| Index | Viewing Score | N's | Season A | | Season B Programs | | Overall (Seasons A plus B) | |
|---|---|---|---|---|---|---|---|---|
| | | | Viewed Some | Non-Viewer | Uncertain Viewer | Non-Viewer | Viewed Some | Non-Viewer |
| Season A | B Viewed Some | 4 | | | .25 | | 1.0 | |
| | B Non-Viewer | 46 | | | | .8 | | .8 |
| Season B Programs | B Uncertain Viewer | 32 | .03 | | | | 1.0 | |
| | B Non-Viewer | 103 | | .98 | | | | .97 |
| Overall (Seasons A plus B) | B Viewed Some | 35 | .1 | | .9 | | | |
| | B Non-Viewer | 100 | | 1.0 | | 1.0 | | |
| Season A | C Viewed Some | 11 | | | .5 | | 1.0 | |
| | C Non-Viewer | 85 | | | | .9 | | .9 |
| Season B Programs | C Uncertain Viewer | 12 | .4 | | | | 1.0 | |
| | C Non-Viewer | 84 | | .9 | | | | .9 |
| Overall (Seasons A plus B) | C Viewed Some | 18 | .6 | | .7 | | | |
| | C Non-Viewer | 98 | | 1.0 | | 1.0 | | |

[a] The conditional probabilities are estimated from the following algorithm: given that a respondent is a member of the viewing group specified by the row label, what is the probability that she will belong to the viewing group specified by the column label. Note that within any row of a particular column index, e.g., Season A, the two probabilities will add to 1.0, and therefore only one is given.

The subgroup differences in the viewing scores displayed in Table 2.5 can be attributed to three possible factors: inducement effect, measurement effect, or random fluctuation resulting from the small group sizes. Table 2.7 presents data that facilitate an examination of the presence of inducement and measurement effects. The inducement effect is indicated by the differences in percentages between the B and C "Viewed Some" and "Uncertain Viewer" groups. The influence of measurement effects is shown by the differences between the B and C subgroups in the percentages of "Viewed Some" and "Uncertain Viewers" aggregated according to the number of times that respondents in these subgroups were interviewed. The Overall Index is not presented because the percentages for the scores on this index are linear combinations of the scores on the Season A and B program indices. Examination of the inducement effects shows that for Season A there is no significant difference between Group B and Group C in the percentages of "Viewed Some," but that this is not the case for the Season B "Uncertain Viewers." The significant difference in Season B can be attributed to the threefold (8 per cent to 24 per cent) increase in the percentage of respondents who reported viewing Feeling Good in Group B. This finding suggests that inducement did not affect the amount of reported viewing of Season A, but did result in an increase in the reported viewing of Season B. The increase of reported viewing of Season B by the Group B respondents may have come about because respondents in this group were paid to participate in the survey and were therefore more alert to the interview questions than the Group C respondents. It is possible that, after repeated inquiries about health care and a few questions about the Feeling Good programs, some of the Group B respondents made a special effort to view the series.

## TABLE 2.7

## INDUCEMENT AND MEASUREMENT EFFECTS IN THE VIEWING SCORES OF GROUPS B AND C
(Per Cent)

Inducement Effect

| | Season A Index "Viewed Some" | Season B Programs Index "Uncertain Viewer" |
|---|---|---|
| Group B | 8 (50) | 24 (135) |
| Group C | 11 (96) | 13 (96) |

Measurement Effect

| # Times Interviewed | Sub-group | Season A Index "Viewed Some" | # Times Interviewed | Sub-group | Season B Programs Index "Uncertain Viewer" |
|---|---|---|---|---|---|
| 3 | B1 | 11 (27) | 4 | B1 | 26 (27) |
| 2 | C1 | 13 (76) | 3 | C1 | 13 (76) |
| 1 | B3,C2 | 2 (43) | 2 | B2,B3,C2 | 21 (128) |

The presence of measurement effects can be examined both within seasons and across seasons. The within-season comparisons show that the percentage of "Viewed Some" is significantly greater in the B1 and C1 subgroups than in the B3 and C2 subgroups for Season A. Hence, there is some measurement effect, but the effect does not increase linearly with the with the number of times interviewed. The measurement effect within Season B is somewhat more complex to analyze. The relationship between the number of times interviewed and the percentage of "Uncertain Viewers" appears to be curvilinear. The large percentage of "Uncertain Viewers" for the interviewed-twice group is a result of the inclusion of the B2 respondents. Twenty-five per cent (N = 85) of this subgroup reported viewing some of the Season B programs. If this subgroup is not included in the analysis of measurement effects for Season B, the "Uncertain Viewer" percentage for the twice-interviewed group drops to 13 per cent. These findings for the Season B programs suggest the presence of an effect similar to that indicated by the results for the within Season A analysis--that there are no differences between the two- and three-times interviewed groups--but there does appear to be a positive relationship between number of times interviewed and the percentage of respondents who reported viewing Feeling Good. The across-season findings on measurement effects can be summarized in the following three statements:

1) an increase in the number of times interviewed from three to four (B1 respondents) increases the percentage of respondents who reported viewing Feeling Good (11 per cent to 26 per cent);
2) an increase in the number of times interviewed from two to three (C1 respondents) does not increase the percentage of respondents who reported viewing Feeling Good;
3) an increase in the number of times interviewed from one to two (B3 and C2 respondents) increases the percentage of respondents who reported viewing Feeling Good (2 per cent to 13 per cent).

Hence, the across-season findings are about identical to the within-season results.

In summary, the data shown in Table 2.7 suggest that the subgroup differences in reported viewing are not caused by random fluctuation, but rather that inducement and an increase in the number of times interviewed increased the probability that a respondent in the B or C treatment group would report viewing Feeling Good.

In addition to inducement and measurement effects in these data, there is also a likelihood that the B and C respondents overreported or underreported their actual amount of viewing. We did not expect respondents in the B or C groups to deliberately overreport viewing of Feeling Good. Although respondents in Group B were paid (induced) to participate in the survey, their contract with NORC did not require them to view Feeling Good and, in fact, other than the one viewing question in the interview schedules of Waves II, III, and IV, the Feeling Good programs were not mentioned. Despite the lack of motivation for deliberate overreporting, it is possible that inflated estimates of viewing were obtained from these groups because of general memory effects and, particularly, telescoping. Telescoping, in this case, refers to the process whereby respondents reported viewing Feeling Good in a particular time period--for example, Season B--when actually they had only viewed the programs in a preceding time period--Season A.[5] Although wording of the self-report viewing items specified a particular time period, the presence of viewing questions in Waves II, III, and IV may have resulted in telescoping, which would spuriously increase the percentages of respondents who reported viewing Feeling Good in Waves III and IV.

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[5] Refer to Sudman and Bradburn (1974) for an extensive discussion of telescoping effects.

Given the nature of the self-report viewing data collected from the B and C groups, it was impossible to assess the size of telescoping effects. It should be noted, however, that only six respondents from the B and C groups reported viewing both Season A and B programs, and hence, telescoping effects may not be a serious problem in these data. A final point is that the underreporting of viewing because of forgetting is probably more likely than overreporting in the B and C groups. This possibility exists because for some respondents there was a two-month lag between the viewing date of a Feeling Good program and the date of an interview. Also, if a respondent did view Feeling Good, it was probably infrequently, and also a relatively unimportant event, and viewing would therefore be very difficult to recall after a certain period of time.

## Viewing Indices for Induced Viewers (Group A)

Knowledge Items. Two sets of items were available for use in the establishment of viewing indices for the Induced Viewers (Group A). The two, discussed in the preceding section, were self-report viewing items and questions that measure knowledge of specific content for each Season A and Season B program. The distribution of responses to these items is presented in Tables 2.1 and 2.2.

The knowledge items were selected for the construction of the viewing indices for three major reasons. First, since eight viewing indices were needed, it was desirable to have comparability in the items, not only within each index, but also across indices. The self-report viewing items did provide ten indicators of viewing patterns, but these items were not comparable across Season A and Season B. On the other hand, all of the knowledge items were essentially the same for both Seasons A and B, except for the specific program-related content. The second reason for choosing the knowledge items was related to our efforts to establish conservative rules in categorizing respondents as "Viewers." Although Group A respondents were not threatened with the loss of the inducement payment if they failed to view all of the Feeling Good programs, these respondents did agree to a contractual arrangement to view all of the programs, and it was therefore probable that some respondents in this group reported viewing when they did not actually view. As a result, the self-report viewing items might be suspected of yielding overestimates of the true amount of viewing. Except for the effects of guessing, however, results from the knowledge items should not give overestimates of actual viewing. The third reason for our decision to use the knowledge items was based on a principle of scale construction in psychometric theory. Specifically, in establishing an index for an attribute or behavior pattern, it is generally better to have a combination (scale) of measures (items) rather than a single measure.[6] There are numerous rationales to support this principle, but in this study, the significant issue was the minimization of misclassification error--that is, assigning "Viewer" scores to non-viewers, or "Non-Viewer" scores to viewers. Two of the indices to be constructed (Season A and Overall) were indicators of behaviors that spanned relatively long periods of time. Following the scaling principle, it was assumed that a combination of several items would yield a better indicator (less probability of misclassification errors) of viewing than would a single overall viewing item or one question about viewing a specific program.[7] The construction of useful scales requires the use of individual items that can be combined in a meaningful fashion. Since the self-report viewing items were not similar across the two seasons, they could not be used in the straightforward construction of viewing scales; however, the knowledge items were similar across both seasons and therefore could easily be combined to yield viewing scales. In summary, our decision to use the knowledge items was determined by several conceptual and analytic considerations.

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[6] Several excellent discussions of scaling theory are available. For example, see Gulliksen 1950; Torgerson 1958; Lord and Novick 1968; and Cronbach et al. 1973.

Once the choice of the knowledge items was established, another decision was required about the translation of the responses to the knowledge questions into viewing scores. There are five response alternatives to these items: one correct content response; two incorrect content responses; "Don't remember" or "Don't know"; and "Didn't see the show." We decided to dichotomize the response distributions: a respondent received a "Viewer" score if she gave the correct answer, otherwise she was scored as a "Non-Viewer." Three factors were taken into consideration in the decision to dichotomize the distributions. First, as mentioned previously, there was a systematic effort to establish conservative rules for designating respondents as "Viewers." Therefore, respondents were given "Non-Viewer" scores--even if they reported viewing a program--if they did not give the correct knowledge response. A second consideration was the necessity of establishing a scoring scheme that facilitated scale development. The multiple response alternatives were difficult to combine into scales; the dichotomous item scores were easier to combine. Also, we assumed that only a minimal amount of information would be lost by collapsing the response distributions into two categories. The third consideration was group size. The use of dichotomous scores maintained groups of a reasonable size, whereas a greater number of possible scores would have yielded such small groups that it would have been almost impossible to obtain statistically significant viewing effects.

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[7] This logic about multiple indicators is also applicable to the construction of the Season B program indices. That is, it would have been preferable to include several knowledge items about the content of each show. The time constraints of the interview, however, prevented the inclusion of more than one knowledge item per program in the Wave IV questionnaire.

Table 2.8 presents the percentage of respondents who were scored "Viewer" for each of the knowledge items. Eighteen knowledge items were asked in three different waves: four in Wave II, eight in Wave III, and six in Wave IV. Each item refers to specific content in a particular program, except for the first item in Wave II which is a question about general content that appeared in all of the first three programs. For the total group, the highest percentage (63 per cent) is for the three-program item in Wave II and the lowest percentage (8 per cent) is for program 7 of Season B. These two items, however, are different from the other sixteen because of the general referent in the Wave II question, and the ambiguity of response alternatives in the Season B program 7 item. (This ambiguity will be discussed in further detail later in this section.) Setting aside these two items, the highest percentage (55 per cent) is for the Season A program 10 item and the lowest percentages (20 per cent, 21 per cent, 22 per cent) are for Season B programs 3 and 4 and Season A program 4, respectively. The average size of the "Viewer" groups is 34 per cent and the standard deviation is 13 percentage points. Although there are some differences among the subgroups, the pattern of percentages tends to be

## TABLE 2.8

### PERCENTAGE OF "VIEWER" SCORES FOR EACH KNOWLEDGE ITEM

| Wave | II | | | | III | | | | | | | | IV | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program | (1-3) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | N |
| Subgroup | | | | | | | | | | | | | | | | | | | |
| A1 | 63 | 27 | 39 | 30 | 21 | 35 | 43 | 43 | 31 | 39 | 56 | 44 | 28 | 18 | 18 | 42 | 24 | 6 | (109) |
| A2 | | | | | 28 | 24 | 55 | 38 | 21 | 41 | 52 | 41 | 35 | 14 | 21 | 41 | 31 | 7 | (29) |
| A4 | | | | | 16 | 24 | 48 | 40 | 28 | 52 | 52 | 28 | 44 | 20 | 32 | 32 | 20 | 8 | (74) |
| A3 | | | | | | | | | | | | | 35 | 26 | 22 | 34 | 31 | 12 | (25) |
| Total | 63 | 27 | 39 | 30 | 22 | 31 | 46 | 42 | 29 | 42 | 55 | 41 | 33 | 20 | 21 | 38 | 27 | 8 | |

similar. The generally lower percentages for the Season B programs suggest either that fewer respondents viewed these programs, or that the Season B knowledge items were more difficult than the Season A knowledge items. Although it is impossible to separate empirically these two possibilities, we suspect that the second factor is the better explanation for the differences between the two seasons. (The variation in difficulty level of the knowledge items is discussed in detail in a later part of this section.)

The interrelationships among the eighteen knowledge item viewing scores are presented in Table 2.9. The statistics in this table show three important findings. First, there do not appear to be any special patterns of viewing. For example, it is possible that respondents would be more likely to view adjacently screened programs than non-adjacently screened programs. Although there is variance in the conditional probabilities, the average of the adjacent program probabilities is not substantially larger than the average of the nonadjacent probabilities. Second, the probabilities of viewing programs within a particular season are not substantially larger than the probabilities of viewing programs in different seasons. Third, the conditional probabilities of "Non-Viewer-Non-Viewer" are larger than the conditional probabilities of "Viewer-Viewer." This result implies that it was more likely for a "Non-Viewer" of a program to also be a "Non-Viewer" of another program, than for a "Viewer" of a program to also be a "Viewer" of another program.

Before proceeding with the discussion of the potential problems with the use and interpretation of the knowledge items and final decisions about the construction of viewing indices for the Group A respondents, we shall present an examination of the relationships among the knowledge item viewing scores and other items administered in the interviews on Waves II, III, and IV. These relationships are scrutinized to

TABLE 2.9

RELATIONSHIPS AMONG VIEWING SCORES FOR KNOWLEDGE ITEMS

(CONDITIONAL PROBABILITIES)[a]

| | | | SEASON A PROGRAM | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1-3 | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | |
| | Program | Viewing Score | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer |
| SEASON A | 1-3 | Viewer | | | .4 | | .6 | | .4 | | .3 | | .4 | | .5 | | .5 | | .4 | | .5 | | .6 | | .5 | |
| | | Non-Viewer | | | | .9 | | .6 | | .7 | | .9 | | .8 | | .6 | | .7 | | .7 | | .6 | | .6 | | .6 |
| | 1 | Viewer | 1.0 | | | | .7 | | .5 | | .3 | | .5 | | .6 | | .6 | | .4 | | .5 | | .7 | | .5 | |
| | | Non-Viewer | | .2 | | | | .6 | | .6 | | .8 | | .7 | | .5 | | .6 | | .6 | | .6 | | .5 | | .5 |
| | 2 | Viewer | .9 | | .5 | | | | .5 | | .2 | | .5 | | .6 | | .6 | | .4 | | .6 | | .6 | | .6 | |
| | | Non-Viewer | | .2 | | .8 | | | | .7 | | .7 | | .7 | | .6 | | .6 | | .6 | | .7 | | .4 | | .6 |
| | 3 | Viewer | .9 | | .4 | | .6 | | | | .4 | | .5 | | .6 | | .6 | | .5 | | .5 | | .7 | | .7 | |
| | | Non-Viewer | | .2 | | .7 | | .5 | | | | .8 | | .6 | | .5 | | .6 | | .7 | | .6 | | .5 | | .6 |
| | 4 | Viewer | 1.0 | | .4 | | .5 | | .6 | | | | .4 | | .6 | | .6 | | .4 | | .6 | | .8 | | .7 | |
| | | Non-Viewer | | .2 | | .6 | | .4 | | .7 | | | | .7 | | .6 | | .6 | | .7 | | .6 | | .5 | | .6 |
| | 5 | Viewer | .9 | | .5 | | .7 | | .5 | | .3 | | | | .6 | | .6 | | .4 | | .6 | | .7 | | .4 | |
| | | Non-Viewer | | .2 | | .7 | | .6 | | .6 | | .8 | | | | .6 | | .6 | | .8 | | .6 | | .5 | | .6 |
| | 6 | Viewer | .9 | | .4 | | .6 | | .5 | | .3 | | .4 | | | | .6 | | .4 | | .6 | | .7 | | .5 | |
| | | Non-Viewer | | .2 | | .7 | | .6 | | .7 | | .8 | | .8 | | | | .7 | | .8 | | .7 | | .5 | | .6 |
| | 7 | Viewer | .9 | | .4 | | .7 | | .5 | | .3 | | .5 | | .6 | | | | .4 | | .5 | | .7 | | .5 | |
| | | Non-Viewer | | .2 | | .7 | | .6 | | .7 | | .8 | | .8 | | .6 | | | | .8 | | .6 | | .6 | | .6 |
| | 8 | Viewer | .9 | | .3 | | .5 | | .5 | | .3 | | .5 | | .7 | | .6 | | | | .6 | | .8 | | .7 | |
| | | Non-Viewer | | .2 | | .6 | | .5 | | .7 | | .8 | | .7 | | .6 | | .6 | | | | .6 | | .5 | | .7 |
| | 9 | Viewer | .9 | | .4 | | .7 | | .4 | | .3 | | .5 | | .6 | | .5 | | .4 | | | | .7 | | .5 | |
| | | Non-Viewer | | .2 | | .7 | | .6 | | .6 | | .8 | | .8 | | .6 | | .6 | | .8 | | | | .5 | | .6 |
| | 10 | Viewer | .9 | | .4 | | .5 | | .5 | | .3 | | .4 | | .6 | | .6 | | .4 | | .5 | | | | .6 | |
| | | Non-Viewer | | .2 | | .7 | | .4 | | .7 | | .9 | | .7 | | .6 | | .7 | | .9 | | .7 | | | | .8 |
| | 11 | Viewer | .9 | | .4 | | .7 | | .5 | | .3 | | .3 | | .6 | | .5 | | .5 | | .5 | | .8 | | | |
| | | Non-Viewer | | .2 | | .6 | | .6 | | .7 | | .9 | | .7 | | .6 | | .6 | | .8 | | .6 | | .6 | | |
| SEASON B | 2 | Viewer | .9 | | .4 | | .8 | | .4 | | .2 | | .4 | | .5 | | .6 | | .4 | | .5 | | .7 | | .6 | |
| | | Non-Viewer | | .2 | | .7 | | .6 | | .6 | | .8 | | .7 | | .5 | | .6 | | .7 | | .6 | | .5 | | .7 |
| | 3 | Viewer | .9 | | .5 | | .7 | | .5 | | .3 | | .4 | | .5 | | .6 | | .3 | | .6 | | .6 | | .5 | |
| | | Non-Viewer | | .2 | | .7 | | .5 | | .6 | | .8 | | .7 | | .5 | | .6 | | .7 | | .6 | | .4 | | .6 |
| | 4 | Viewer | .9 | | .5 | | .7 | | .5 | | .4 | | .4 | | .6 | | .7 | | .4 | | .8 | | .7 | | .4 | |
| | | Non-Viewer | | .1 | | .7 | | .5 | | .6 | | .8 | | .7 | | .5 | | .6 | | .8 | | .6 | | .5 | | .6 |
| | 5 | Viewer | .9 | | .4 | | .6 | | .5 | | .2 | | .4 | | .6 | | .5 | | .4 | | .5 | | .7 | | .5 | |
| | | Non-Viewer | | .1 | | .7 | | .5 | | .7 | | .8 | | .7 | | .6 | | .6 | | .8 | | .6 | | .5 | | .6 |
| | 6 | Viewer | 1.0 | | .4 | | .7 | | .4 | | .3 | | .5 | | .5 | | .6 | | .3 | | .5 | | .7 | | .5 | |
| | | Non-Viewer | | .2 | | .6 | | .5 | | .6 | | .8 | | .7 | | .5 | | .6 | | .7 | | .6 | | .5 | | .6 |
| | 7 | Viewer | .8 | | .5 | | .7 | | .7 | | .4 | | .4 | | .6 | | .4 | | .3 | | .7 | | .7 | | .6 | |
| | | Non-Viewer | | .1 | | .7 | | .5 | | .6 | | .8 | | .7 | | .6 | | .6 | | .7 | | .6 | | .4 | | .6 |

| | | | SEASON B PROGRAM | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| | Program | Viewing Score | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer | Viewer | Non-Viewer |
| SEASON A | 1-3 | Viewer | .3 | | .2 | | .2 | | .5 | | .3 | | .1 | |
| | | Non-Viewer | | .8 | | .9 | | .8 | | .6 | | 1.0 | | .9 |
| | 1 | Viewer | .4 | | .2 | | .3 | | .6 | | .1 | | .2 | |
| | | Non-Viewer | | .8 | | .8 | | .8 | | .6 | | .9 | | .8 |
| | 2 | Viewer | .4 | | .2 | | .3 | | .5 | | .3 | | .1 | |
| | | Non-Viewer | | .9 | | .9 | | .9 | | .6 | | .9 | | .9 |
| | 3 | Viewer | .3 | | .2 | | .3 | | .6 | | .2 | | .1 | |
| | | Non-Viewer | | .7 | | .8 | | .8 | | .6 | | .8 | | 1.0 |
| | 4 | Viewer | .3 | | .2 | | .3 | | .4 | | .3 | | .1 | |
| | | Non-Viewer | | .7 | | .8 | | .8 | | .6 | | .8 | | .9 |
| | 5 | Viewer | .4 | | .2 | | .5 | | .5 | | .4 | | .1 | |
| | | Non-Viewer | | .7 | | .9 | | .8 | | .7 | | .8 | | .9 |
| | 6 | Viewer | .3 | | .2 | | .2 | | .5 | | .3 | | .1 | |
| | | Non-Viewer | | .7 | | .8 | | .8 | | .7 | | .8 | | .9 |
| | 7 | Viewer | .4 | | .2 | | .3 | | .5 | | .3 | | .1 | |
| | | Non-Viewer | | .8 | | .9 | | .9 | | .7 | | .8 | | .9 |
| | 8 | Viewer | .4 | | .2 | | .3 | | .5 | | .2 | | .1 | |
| | | Non-Viewer | | .7 | | .8 | | .8 | | .7 | | .7 | | .9 |
| | 9 | Viewer | .4 | | .2 | | .4 | | .4 | | .3 | | .1 | |
| | | Non-Viewer | | .7 | | .9 | | .9 | | .6 | | .8 | | 1.0 |
| | 10 | Viewer | .4 | | .2 | | .3 | | .5 | | .3 | | .1 | |
| | | Non-Viewer | | .8 | | .8 | | .9 | | .7 | | .9 | | 1.0 |
| | 11 | Viewer | .4 | | .2 | | .2 | | .4 | | .3 | | .1 | |
| | | Non-Viewer | | .8 | | .8 | | .8 | | .6 | | .8 | | .9 |
| SEASON B | 2 | Viewer | | | .2 | | .4 | | .6 | | .4 | | .2 | |
| | | Non-Viewer | | | | .9 | | 1.0 | | .9 | | .9 | | 1.0 |
| | 3 | Viewer | .4 | | | | .3 | | .5 | | .4 | | .1 | |
| | | Non-Viewer | | .9 | | | | .9 | | .8 | | .9 | | 1.0 |
| | 4 | Viewer | .6 | | .3 | | | | .5 | | .3 | | .2 | |
| | | Non-Viewer | | .9 | | .9 | | | | .8 | | .9 | | 1.0 |
| | 5 | Viewer | .5 | | .3 | | .3 | | | | .4 | | .1 | |
| | | Non-Viewer | | .9 | | .9 | | .9 | | | | .9 | | 1.0 |
| | 6 | Viewer | .5 | | .3 | | .3 | | .5 | | | | .2 | |
| | | Non-Viewer | | .9 | | .9 | | .9 | | .9 | | | | 1.0 |
| | 7 | Viewer | .9 | | .3 | | .6 | | .5 | | .6 | | | |
| | | Non-Viewer | | .9 | | .9 | | .9 | | .8 | | .9 | | |

[a] The conditional probabilities are estimated from the following algorithm: Given that a respondent has a viewing score specified by the row label, what is the probability that she will also have a viewing score specified by the column label. Note that within any row of a particular column score, e.g., Season A program 1, the two probabilities will add to 1.0 and therefore only one is given.

give an indication of the meaning (construct validity) of the knowledge item viewing scores. If indeed the viewing scores based on the knowledge items are adequate measures of actual viewing, then we should find certain patterns of relationships between these scores and other variables. The first relationships to be examined are those among the knowledge item viewing scores and the self-report viewing items. Although anticipating some discrepancies, overall we expect "Viewers" on knowledge items to also report more viewing on the self-report viewing items. The joint distributions of responses to these items for Season A are presented in Table 2.10. It was impossible to make a similar comparison for Season B because a self-report viewing item for the entire Season B was not asked. The self-report viewing item for Season A was asked on both Waves III and IV. Although there are some slight differences between the distributions for these two items, the overall pattern is remarkably stable. As expected, respondents with "Viewer" scores on the knowledge items reported a higher number of programs watched on the self-report viewing items than did the "Non-Viewer" respondents.

The relationships between the viewing scores on the Season B knowledge items and the Season B self-report viewing items can be examined for each separate program (see Table 2.11). It is understandable that the "Viewer"-Didn't View and "Non-Viewer"-Viewed groups contain some respondents because the self-report viewing items asked about the viewing dates of a specific program, whereas the knowledge questions mentioned neither the title nor the screening date of the programs. The important distributions to examine are the "Viewer" knowledge item scores across the self-report item viewing scores. As expected, the knowledge "Viewers" were almost always scored Viewed on the self-report viewing items. Note also that the percentages for the "Viewer"-Viewed group are at least 30 points greater

## TABLE 2.10

### RELATIONSHIPS AMONG VIEWING SCORES FOR SEASON A KNOWLEDGE ITEMS AND SELF-REPORT VIEWING ITEMS

(Per Cent)

| | Season A Knowledge Items | Viewing Score | How Many Season A Programs Watched (Wave III) | | | | | | How Many Season A Programs Watched (Wave IV) | | | | | | Sample Size |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | All Eleven | Most | About Half | Only A Few | Saw, But Don't Know How Many | None | All Eleven | Most | About Half | Only A Few | Saw, But Don't Know How Many | None | |
| | (1-3) | Viewer | 9 | 48 | 20 | 22 | 0 | 1 | 13 | 52 | 10 | 22 | 1 | 1 | 69 |
| | | Non-Viewer | 0 | 30 | 20 | 30 | 5 | 15 | 5 | 20 | 20 | 48 | 0 | 8 | 40 |
| Program # | 1 | Viewer | 21 | 41 | 10 | 28 | 0 | 0 | 21 | 48 | 7 | 24 | 0 | 0 | 29 |
| | | Non-Viewer | 0 | 41 | 24 | 24 | 3 | 9 | 6 | 38 | 16 | 34 | 1 | 5 | 80 |
| | 2 | Viewer | 14 | 57 | 7 | 19 | 2 | 0 | 14 | 67 | 7 | 12 | 0 | 0 | 42 |
| | | Non-Viewer | 0 | 31 | 28 | 28 | 2 | 10 | 8 | 24 | 18 | 43 | 2 | 6 | 67 |
| | 3 | Viewer | 15 | 49 | 18 | 15 | 0 | 3 | 15 | 55 | 12 | 18 | 0 | 0 | 33 |
| | | Non-Viewer | 1 | 38 | 21 | 29 | 3 | 8 | 8 | 34 | 15 | 37 | 1 | 5 | 76 |
| | 4 | Viewer | 9 | 60 | 14 | 17 | 0 | 0 | 20 | 43 | 14 | 23 | 0 | 0 | 35 |
| | | Non-Viewer | 4 | 36 | 19 | 34 | 2 | 6 | 6 | 34 | 15 | 38 | 2 | 6 | 128 |
| | 5 | Viewer | 12 | 55 | 16 | 16 | 2 | 0 | 14 | 53 | 16 | 18 | 0 | 0 | 51 |
| | | Non-Viewer | 2 | 35 | 19 | 37 | 1 | 7 | 6 | 29 | 14 | 42 | 3 | 6 | 112 |
| | 6 | Viewer | 8 | 52 | 23 | 17 | 0 | 0 | 11 | 55 | 16 | 16 | 1 | 1 | 75 |
| | | Non-Viewer | 2 | 32 | 14 | 41 | 2 | 9 | 7 | 21 | 14 | 50 | 2 | 7 | 88 |
| | 7 | Viewer | 10 | 54 | 18 | 18 | 0 | 0 | 16 | 52 | 7 | 24 | 2 | 0 | 68 |
| | | Non-Viewer | 1 | 32 | 18 | 39 | 2 | 8 | 3 | 25 | 20 | 42 | 2 | 7 | 95 |
| | 8 | Viewer | 11 | 60 | 19 | 11 | 0 | 0 | 17 | 68 | 4 | 6 | 2 | 2 | 47 |
| | | Non-Viewer | 3 | 34 | 17 | 38 | 2 | 7 | 5 | 23 | 19 | 46 | 2 | 5 | 116 |
| | 9 | Viewer | 9 | 56 | 15 | 21 | 0 | 0 | 15 | 43 | 18 | 22 | 2 | 2 | 68 |
| | | Non-Viewer | 2 | 31 | 20 | 37 | 2 | 8 | 4 | 32 | 13 | 43 | 2 | 6 | 95 |
| | 10 | Viewer | 9 | 55 | 18 | 18 | 0 | 0 | 12 | 49 | 14 | 25 | 0 | 0 | 89 |
| | | Non-Viewer | 0 | 24 | 18 | 45 | 3 | 11 | 4 | 20 | 16 | 46 | 4 | 10 | 74 |
| | 11 | Viewer | 9 | 63 | 10 | 18 | 0 | 0 | 19 | 48 | 13 | 19 | 0 | 0 | 67 |
| | | Non-Viewer | 2 | 26 | 23 | 39 | 2 | 8 | 1 | 28 | 16 | 45 | 3 | 7 | 96 |

### TABLE 2.11

### RELATIONSHIPS AMONG VIEWING SCORES FOR SEASON B KNOWLEDGE ITEMS AND SELF-REPORT VIEWING ITEMS FOR SEASON B PROGRAMS

(Per Cent)

| | Season B Knowledge Item | Viewing Scores | Self-Report Viewing Items | | |
|---|---|---|---|---|---|
| | | | Viewed | Didn't View | Sample Size |
| Program # | 2 | Viewer | 95 | 5 | 78 |
| | | Non-Viewer | 48 | 62 | 159 |
| | 3 | Viewer | 92 | 8 | 48 |
| | | Non-Viewer | 59 | 41 | 189 |
| | 4 | Viewer | 92 | 8 | 50 |
| | | Non-Viewer | 53 | 47 | 187 |
| | 5 | Viewer | 89 | 11 | 91 |
| | | Non-Viewer | 53 | 47 | 146 |
| | 6 | Viewer | 89 | 11 | 62 |
| | | Non-Viewer | 59 | 41 | 175 |
| | 7 | Viewer | 81 | 19 | 21 |
| | | Non-Viewer | 47 | 53 | 216 |

than the percentages of the "Non-Viewer"-Viewed group for each of the Season 3 programs. In summary, the results displayed in Tables 2.10 and 2.11 indicate that, as expected, the relationships among the viewing scores based on the knowledge items and those based on the self-report viewing items are consistently positive.

Two other variables were also expected to have positive relationships with the knowledge item viewing scores. Since respondents who scored "Viewer" on the knowledge items were assumed to be more attentive and interested, we expect these persons to be more likely to have discussed the series with other people and also more likely to have attempted to engage others in viewing the programs. Two items in Waves II and III asked about these types of program-related behavior. The distributions of responses to these items by the viewing scores for each of the knowledge items are shown in Table 2.12. Although the findings are not always statistically significant, the overall patterns are as expected. In the first column, ten out of twelve comparisons are in the expected direction: a larger percentage of "Viewers" talked to others about the programs. In the second column, ten out of the twelve comparisons are again in the expected direction: a larger percentage of "Viewers" suggested to others that they watch the program. In conclusion, these findings suggest that the knowledge item viewing scores effectively distinguish respondents in terms of their viewing behaviors and also their general interest in the Feeling Good programs.

Potential Problems. Even though we thought that the knowledge items were the best available indicators of viewing, there are five factors associated with the use of these items that could produce misclassification errors in the assignment of viewing scores to respondents. These five factors are: guessing, variation in the level of item difficulty, memory,

## TABLE 2.12

## SEASON A KNOWLEDGE ITEM VIEWING SCORES AND PROGRAM-RELATED BEHAVIORS

| Knowledge Item | Viewing Score | Did you talk to anyone about the things you saw in the program?[a] (Per cent Yes) | Did you suggest to anyone who hadn't seen the program to watch it?[b] (Per cent Yes) | Group Size[c,d] |
|---|---|---|---|---|
| (1-3) | Viewer | 80 | 77 | 69 |
| | Non-Viewer | 64 | 82 | 11 |
| 1 | Viewer | 79 | 83 | 29 |
| | Non-Viewer | 76 | 74 | 51 |
| 2 | Viewer | 81 | 81 | 42 |
| | Non-Viewer | 74 | 74 | 38 |
| 3 | Viewer | 88 | 79 | 33 |
| | Non-Viewer | 70 | 77 | 47 |
| 4 | Viewer | 91 | 91 | 34 |
| | Non-Viewer | 90 | 84 | 119 |
| 5 | Viewer | 94 | 92 | 51 |
| | Non-Viewer | 88 | 82 | 53 |
| 6 | Viewer | 91 | 89 | 75 |
| | Non-Viewer | 90 | 82 | 78 |
| 7 | Viewer | 53 | 88 | 68 |
| | Non-Viewer | 88 | 84 | 85 |
| 8 | Viewer | 96 | 87 | 47 |
| | Non-Viewer | 88 | 85 | 106 |
| 9 | Viewer | 87 | 85 | 67 |
| | Non-Viewer | 93 | 86 | 86 |
| 10 | Viewer | 92 | 91 | 88 |
| | Non-Viewer | 88 | 78 | 65 |
| 11 | Viewer | 88 | 90 | 66 |
| | Non-Viewer | 92 | 83 | 87 |

[a] Wave II, Question 18; Wave III, Question 14

[b] Wave II, Question 19; Wave III, Question 15

[c] In items 1-3, 1, 2, and 3, the groups for the "didn't view" score do not include 29 respondents who reported viewing none of the first three shows.

[d] The groups for item 4 through 11 do not include 9 respondents who reported viewing none of the Season A programs.

ambiguity about the correct response alternative, and partial viewing. Before we analyze the potential influence of these factors on the distribution of the knowledge item viewing scores, it will be useful to review the contextual and semantic characteristics of the knowledge items. (Refer to the Appendix for the exact wording of these items.)

As mentioned previously, eighteen knowledge items were administered during the field experiement (four in Wave II, eight in Wave III, and six in Wave IV). The content of each item refers to a specific Feeling Good program, except for the first item in Wave II which refers to content that was included in all of the first three programs. The screening dates, interview periods, and program-specific question numbers are shown in Table 2.13. Three aspects about the information displayed in this table should be noted. First, the program-specific knowledge items are in a sequence within each questionnaire that corresponds to the ordered chronology of the screening dates for the programs, except for the items about Season B programs 6 and 7 in Wave IV, which are in reverse order. Second, the lag time between the date of viewing and the date of response to a relevant knowledge item has a range of zero to 68 days. Third, though the basic structure of the knowledge items is similar across the three waves, one critical characteristic of the wording of the items did change. This characteristic is the degree to which the item reveals what specific program is being asked about. That is, except for the three-program item, each of the knowledge items in Wave II contains a phrase that directs the respondent to a specific program (e.g., Question 13: "In the first program," and Question 14: "In the second program"). Reference to a specific program is absent in five of the Wave III knowledge items, but three of the items do contain program-specific phrases: Question 18: "In the Christmas show,"

## TABLE 2.13

## SCREENING DATES, INTERVIEW DATES, AND KNOWLEDGE ITEMS FOR SEASON A AND SEASON B PROGRAMS

| Season | Program Number | Screening Date | Interview Date | Wave | Question Number |
|---|---|---|---|---|---|
| A | 1 | Nov. 24, 1974<br>Nov. 26<br>Nov. 28 | Dec. 7-Dec. 20, 1974 | II | 12, 13 |
| A | 2 | Dec. 1, 1974<br>Dec. 3<br>Dec. 5 | Dec. 7-Dec. 20, 1974 | II | 12, 14 |
| A | 3 | Dec. 8, 1974<br>Dec. 10<br>Dec. 12 | Dec. 7-Dec. 20, 1974 | II | 12, 15 |
| A | 4 | Dec. 15, 1974<br>Dec. 17<br>Dec. 19 | Feb. 6-Feb. 24, 1974 | III | 16 |
| A | 5 | Dec. 22, 1974<br>Dec. 24<br>Dec. 26 | Feb. 6-Feb. 24, 1975 | III | 17 |
| A | 6 | Dec. 29, 1974<br>Dec. 31<br>Jan. 2, 1975 | Feb. 6-Feb. 24, 1975 | III | 18 |
| A | 7 | Jan. 5, 1975<br>Jan. 7<br>Jan. 9 | Feb. 6-Feb. 24, 1975 | III | 19 |
| A | 8 | Jan. 12, 1975<br>Jan. 14<br>Jan. 16 | Feb. 6-Feb. 24, 1975 | III | 20 |
| A | 9 | Jan. 19, 1975<br>Jan. 21<br>Jan. 23 | Feb. 6-Feb. 24, 1975 | III | 21 |
| A | 10 | Jan. 26, 1975<br>Jan. 28<br>Jan. 30 | Feb. 6-Feb. 24, 1975 | III | 22 |
| A | 11 | Feb. 2, 1975<br>Feb. 4<br>Feb. 6 | Feb. 6-Feb. 24, 1975 | III | 23 |
| B | 2 | April 13, 1975<br>April 15<br>April 17 | May 22-June 16, 1975 | IV | 32 |
| B | 3 | April 20, 1975<br>April 22<br>April 24 | May 22-June 16, 1975 | IV | 33 |
| B | 4 | April 27, 1975<br>April 29<br>May 1 | May 22-June 16, 1975 | IV | 34 |
| B | 5 | May 4, 1975<br>May 6<br>May 8 | May 22-June 16, 1975 | IV | 35 |
| B | 6 | May 11, 1975<br>May 13<br>May 15 | May 22-June 16, 1975 | IV | 37 |
| B | 7 | May 18, 1975<br>May 20<br>May 22 | May 22-June 16, 1975 | IV | 36 |

Question 19: "In the New Year's Day Show," and Question 23: "In the last show." None of the Wave IV knowledge items include phrases that refer to a specific show. In summary, it is not obvious how these three characteristics--item order, lag time, and wording change--affected the response distributions or viewing scores based on the knowledge items or the probabilities of misclassification, but these characteristics are central attributes of the items, and they could potentially have had a significant influence on the five problems discussed below.

One of the major reasons for selecting the knowledge items as indicators or viewing was to obviate the problems of deliberate overreporting of the amount of actual viewing. The presence of overreporting in the data increases the probability of one type of misclassification error--the assignment of "Viewer" scores to non-viewers. Although deliberate overreporting does not influence the distribution of viewing scores based on the knowledge items, the potential effects of five other factors do increase the likelihood of both types of misclassification errors. These five factors are:

1) Guessing: Even though a respondent did not view a particular program, she still had an opportunity to guess the correct response to the knowledge item. Since there are three content response alternatives to each of the knowledge items, we expect that one out of three guesses would result in a correct response.

2) Variation in the Level of Item Difficulty: During the construction of the questionnaires it was assumed that the knowledge items would be of equal difficulty, and that they would be relatively easy to answer correctly if the respondent was an attentive viewer. The distribution of responses to the knowledge items indicates that the questions were not of equal difficulty.

3) Memory: Since viewing the Feeling Good programs was probably a relatively unimportant life event, and because of a lengthy lag period between viewing and interview for many of the respondents, it is very likely that some respondents viewed certain programs but were unable to recall the content of the specific segment asked about in the knowledge item.

4) Ambiguity of Response Alternative: The response alternatives for each of the items were developed to provide only one obvious correct answer. Unfortunately, in one of the questions on Wave IV, the item for Season B program 7, there was ambiguity about which response alternative was correct. As a result, the response distribution to this item is significantly different from the other knowledge items--only a few of the respondents gave the correct answer.

5) Partial Viewing: A respondent may have viewed a particular program, but if she was inattentive to the segment asked about in the knowledge item (e.g., out of the room in which the television is located or answering the telephone) then she would be unable to give the correct answer unless she guessed.

The effects of these five factors are interrelated and probably cumulative, and therefore difficult to separate empirically. For example, if a knowledge item is particularly difficult to answer correctly, even though a respondent viewed attentively, and there is a lengthy lag period (such as two months) between viewing and interview, then the respondent may be uncertain about the correct answer, but still guess because she recalls viewing the program. Despite these complexities and the limitations of the data, we think that it is informative to attempt an examination of the individual effects of each of these five factors. Since the knowledge item viewing scores are post hoc selected indicators of viewing, it is important for us to understand the significant sources of variation in the response distributions to these items.

Similar to the effects of overreporting actual viewing, the effects of guessing are to increase the likelihood of assigning "Viewer" scores to non-viewers. The estimation of the size of guessing effects can be computed in several different ways depending on the objectives of the study and the nature of the data. Most of the statistical and psychometric algorithms for computing guessing effects, however, are quite complex and cumbersome.[8] We therefore limit our examination of guessing effects to an analysis of the crosstabluations of knowledge items with the self-report viewing items for the Season B programs. Two points about the analysis of guessing in this study are important to remember. First, the objective is to estimate how many of the respondents did [illegible] iew a program but gave the correct answer to the relevant knowledge item. Second, since there are three content response alternatives to each knowledge item, the probability that guessing should result in a correct response is .33.[9]

Table 2.14 presents the joint distribution of responses to the self-report items and the knowledge items for the Season B programs. The guessing effects are most readily apparent from a comparison of the "Date viewed given" (first row) percentages with the "Didn't see program" (fourth row) percentages. Several findings from this table give us some insight into the size of the guessing effects. First, across all of the programs, the "Date viewed given" respondents were more likely to give correct responses to the knowlege items. Second, the ratio of correct to incorrect percentages is consistently larger for the "Date viewed given" respondents. Third, the total distribution of all responses indicate that 31 per cent of the "Didn't see program" respondents gave a content (correct or incorrect) response. Fourth, as expected, less than one-third of these responses were correct answers. In summary, the overall results suggest that only a small percentage (7 per cent) of the self-reported non-viewers guessed correct responses to the knowledge items. Hence, in Season B, the probability of misclassification in assigning "Viewer" scores to non-viewers because of guessing effects appears to be less than .1. Because of the limitations of the data we cannot estimate a similar guessing effect for the Season A programs.

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[8] Refer to Waller (1973) for a review of some psychometric models that have been developed to remove the effects of random guessing.

[9] In this study we will not distinguish between random guessing and systematic guessing. Both types will yield misclassified "Viewers" if a guess results in a correct knowledge answer.

The presence of variation in the difficulty level of the knowledge items will tend to increase the probability of misclassifying viewers into a "Non-Viewer" category. In the non-viewer population, the difficulty level of these items will have no effect on the amount of guessing. Within the viewer population, however, it is theoretically possible that item difficulty level and guessing are related positively. For example, if a respondent recalls viewing a program but cannot give the correct knowledge answer because of the high difficulty level of the item, she may guess. Acknowledging the possible influence of this relationship upon the interpretation of the findings about the variation in difficulty levels, we will examine the item difficulty levels in terms of ratios between the percentage of incorrect responses to the percentage of correct responses. We select this ratio for three reasons. First, the difficulty level should be estimated independently of the amount of viewing. This ratio of incorrect to correct responses is independent of the percentage who reported "Didn't see show." Second, difficulty level is best estimated from a combination of incorrect and correct responses rather than a single response distribution. Third, the ratio is easy to understand: a small value indicates an easy item, a large value indicates a difficult item, and 1.0 is the value at which the percentage incorrect equals the percentage correct. The variation in this ratio is a measure of the variation in difficulty levels across the knowledge items.

## TABLE 2.14

## GUESSING EFFECTS: SELF-REPORT VIEWING ITEMS BY KNOWLEDGE ITEMS FOR SEASON B PROGRAMS

(Per Cent)

| Self-report Viewing Item | Knowledge Item | | | | |
|---|---|---|---|---|---|
| | Correct | Incorrect | Don't Remember | Didn't See | N |
| Program 2: | | | | | |
| Date viewed given | 48 | 12 | 30 | 10 | (153) |
| Saw but don't remember when | 0 | 33 | 0 | 67 | (3) |
| Doesn't remember if saw or not | 0 | 67 | 0 | 33 | (3) |
| Didn't see program | 5 | 14 | 23 | 58 | (78) |
| Program 3: | | | | | |
| Date viewed given | 27 | 27 | 28 | 19 | (162) |
| Saw but don't remember when | 0 | 33 | 17 | 50 | (6) |
| Doesn't remember if saw or not | 0 | 0 | 0 | 100 | (1) |
| Didn't see program | 6 | 9 | 34 | 52 | (68) |
| Program 4: | | | | | |
| Date viewed given | 30 | 38 | 20 | 12 | (152) |
| Saw but don't remember when | 0 | 50 | 0 | 50 | (2) |
| Doesn't remember if saw or not | 0 | 67 | 0 | 33 | (3) |
| Didn't see program | 5 | 33 | 20 | 43 | (80) |
| Program 5: | | | | | |
| Date viewed given | 51 | 22 | 20 | 7 | (158) |
| Saw but don't remember when | 22 | 0 | 22 | 56 | (9) |
| Doesn't remember if saw or not | 22 | 22 | 22 | 33 | (9) |
| Didn't see program | 17 | 26 | 26 | 31 | (35) |
| Program 6: | | | | | |
| Date viewed given | 35 | 29 | 31 | 5 | (153) |
| Saw but don't remember when | 20 | 20 | 40 | 20 | (5) |
| Doesn't remember if saw or not | 10 | 0 | 50 | 40 | (10) |
| Didn't see program | 14 | 17 | 36 | 33 | (43) |
| Program 7: | | | | | |
| Date viewed given | 15 | 58 | 19 | 7 | (113) |
| Saw but don't remember when | 0 | 67 | 17 | 17 | (6) |
| Doesn't remember if saw or not | 6 | 50 | 13 | 25 | (16) |
| Didn't see program | 3 | 42 | 32 | 24 | (76) |
| Total (Programs 2-7): | | | | | |
| Date viewed given | 34 | 30 | 25 | 11 | (891) |
| Saw, but don't remember when | 10 | 29 | 6 | 55 | (31) |
| Doesn't remember if saw or not | 10 | 33 | 21 | 36 | (42) |
| Didn't see program | 7 | 24 | 30 | 39 | (380) |

Table 2.15 presents the difficulty level distributions for the knowledge items across both seasons.[10] The distributions across subgroups do show some variation; however, the overall rank ordering and magnitude of the ratios are rather stable. For the total group, the distribution for the Season A is almost bimodal. Note that six of the values are clustered at .15. It is significant that five of these six items contain phrases with reference to a specific program, and that the sixth item in this cluster refers to content from program #10 which had a short lag time between the screening date and interview date. For the entire set of Season A items, only three ratio values are greater than .5. Hence, difficulty level does not appear to be a major factor in the distribution of responses to the Season A knowledge items.

The values of the ratios for Season B items are substantially larger than the values for the Season A items. Five of the six items have ratio values equal to or greater than .5. The exceedingly large value for the program 7 item (5.75) is probably due to the ambiguity of response alternatives and will be discussed further below. Setting aside this item, the ratios for the Season B items are still larger than the ratios for the Season A items. This suggests that the Season B items were more difficult than the Season A items. The differences between the two seasons in difficulty levels can, in part, be attributed to the changes in question-phrasing reference to specific programs across the two seasons. It is also probable

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[10] The analysis of the difficulty levels of the knowledge items would, of course, be more straightforward if we could examine only responses from actual viewers. Since an objective indicator of viewing is unavailable, we have proceeded with this analysis including all respondents in Group A. It is interesting to note that the general findings in Table 2.15 are replicated if the ratios for the Season B programs are estimated from only those respondents who reported viewing on the self-report item (see Table 2.14). As expected, there is some reduction in the magnitudes of the ratios (.25, 1.00, 1.27, .43, .83, and 3.87 for Season B programs 2 through 7, respectively) but the overall pattern is the same as that presented in Table 2.15.

## TABLE 2.15

## DIFFICULTY LEVEL OF KNOWLEDGE ITEMS

(Ratio equals per cent incorrect/per cent correct)

| Program | Subgroup | | | | Total |
|---|---|---|---|---|---|
| | A1 | A2 | A4 | A3 | |
| Season A | | | | | |
| 1-3 | .06 | | | | .06 |
| 1 | 1.00 | | | | 1.00 |
| 2 | .15 | | | | .15 |
| 3 | .17 | | | | .17 |
| 4 | .62 | .50 | 1.00 | | .64 |
| 5 | .46 | .58 | .67 | | .48 |
| 6 | .16 | .06 | .00 | | .13 |
| 7 | .16 | .18 | .10 | | .17 |
| 8 | .55 | 1.00 | 1.00 | | .66 |
| 9 | .33 | .34 | .15 | | .29 |
| 10 | .11 | .19 | .15 | | .13 |
| 11 | .14 | .07 | .29 | | .15 |
| Season B | | | | | |
| 2 | .46 | .29 | .27 | .46 | .42 |
| 3 | 1.11 | 1.00 | .80 | 1.08 | 1.10 |
| 4 | 2.17 | 1.81 | .88 | 1.55 | 1.71 |
| 5 | .40 | .42 | .38 | .79 | .50 |
| 6 | .92 | .32 | 1.00 | .87 | .82 |
| 7 | 7.50 | 6.86 | 6.00 | 3.92 | 5.75 |

that the variation in difficulty levels is related to the differences in the format and content of the two seasons. Recall that the Season A programs used a magazine format and focused primarily on people who were either employed at or visited Mac's Place. The Season B programs used an interview format and focused on only one health care topic per show.

Analogous to the effects of variation in item difficulty level, the presence of memory effects in the knowledge item viewing scores increases the likelihood that viewers will be misclassified into a "Non-Viewer" category. Three aspects of the potential influence of memory effects will be examined here. The first is that recall of events can be shown to be described by a generalized decay function. Overall, this function is of an exponential nature across time, which implies that recall decays rapidly at first and then approaches a plateau and remains stable.[11] To scrutinize the nature of this recall function in the viewing data, we have crosstabulated the knowledge viewing scores for each Season B program with the number of days between reported viewing date and date of interview. Table 2.16 presents the distribution of "Viewer" scores across lag time for each Season B program. Table 2.17 displays summary comparisons between "Viewer" and "Non-Viewer" groups on the average amount of lag time. The data shown in these two tables is based only on those respondents who gave specific dates for viewing on the self-report viewing items and also answered the knowledge viewing items. Thus, a substantial number of "Non-Viewers" in Season B were excluded from these analyses.

The trends displayed in Table 2.16 strongly suggest the presence of recall decay in the knowledge item viewing data. For each program, there is a negative relationship between lag time and the probability of being assigned

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[11] Several examples of this decay function are given in Sudman and Bradburn (1974: Chapter 3).

TABLE 2.16

MEMORY EFFECTS: LAG TIME BETWEEN REPORTED VIEWING AND INTERVIEW

(Per Cent of "Viewer" Scores)

| Season B Program | Number of Days Between Reported Viewing and Interview | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 5-10 | 11-15 | 16-20 | 21-25 | 26-30 | 31-35 | 36-40 | 41-45 | 46-50 | 51-55 | 56-60 | 61-65 |
| 2 | | | | | | | | 93 (15) | 50 (46) | 37 (59) | 47 (19) | 43 (14) |
| 3 | | | | | | 50 (2) | 36 (36) | 22 (67) | 28 (32) | 33 (18) | 0 (7) | |
| 4 | | | | | 56 (9) | 40 (45) | 30 (60) | 21 (24) | 21 (24) | 0 (3) | | |
| 5 | | | | 70 (20) | 51 (59) | 46 (48) | 48 (23) | 43 (7) | 0 (1) | | | |
| 6 | | 50 (2) | 39 (41) | 35 (63) | 39 (26) | 19 (16) | 40 (5) | | | | | |
| 7 | 50 (10) | 18 (39) | 9 (43) | 8 (13) | 0 (8) | | | | | | | |
| Total | 50 (10) | 20 (41) | 24 (84) | 38 (96) | 44 (102) | 40 (111) | 36 (124) | 33 (113) | 36 (103) | 35 (80) | 35 (26) | 43 (14) |
| 2 through 6[a] | | 50 (2) | 49 (41) | 43 (83) | 48 (94) | 40 (111) | 36 (124) | 33 (113) | 36 (103) | 35 (80) | 35 (26) | 43 (14) |

[a] Program 7 set aside because of ambiguity in response alternatives.

a "Viewer" score. The small group sizes make it difficult to estimate precisely the functional form of the recall decay. A very sharp decrease in the percentage of "Viewers" for each program, however, is evident in the movement from the first to the third lag time period. Beyond the third lag period, the distributions are less systematic, but there does appear to be a general flattening-out tendency--that is, no substantial increases or decreases. Setting aside program 7 because of the ambiguity in its response alternatives, the total distribution suggests a greater likelihood of being assigned a "Viewer" score if the lag time is less than 35 days.[12]

The data shown in Table 2.17 support these general findings. Although only three of the comparisons indicate statistically significant differences (programs 2, 4, 7), all of the differences for the six programs are in the expected direction: the average amount of lag time is less for "Viewers." In summary, there does appear to be some evidence for a general decay effect in recall on the knowledge viewing items.

Another point worth noting about memory effects is that the storage and retrieval of information is selective. Recall is most difficult with infrequent unimportant events and relatively easy with frequent important events. Because of the multiple screenings of the Feeling Good programs, respondents had the opportunity to view a particular program three times during a one-week period, but the viewing data that have been reviewed in this chapter indicate that repeat viewing was a relatively infrequent event.

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[12] In the analysis of recall effects we are, of course, faced with the problem of memory about the specific date of viewing. The possible viewing dates are at a maximum only six days apart, however, and therefore these errors of recall would have only a minimal impact on the overall pattern of findings.

## TABLE 2.17

## MEMORY EFFECTS: AVERAGE LAG TIME FOR "VIEWERS" AND "NON-VIEWERS"

| Season B Program | Viewing Score | Mean Number of Days Between Reported Viewing and Interviewing | Standard Deviation | N | |
|---|---|---|---|---|---|
| 2 | Viewer | 50.85 | 5.52 | 74 | (p < .05) |
| | Non-Viewer | 52.51 | 4.59 | 79 | |
| 3 | Viewer | 43.61 | 5.20 | 44 | (N.S.) |
| | Non-Viewer | 45.25 | 5.13 | 118 | |
| 4 | Viewer | 35.22 | 4.04 | 46 | (p < .001) |
| | Non-Viewer | 38.70 | 5.52 | 106 | |
| 5 | Viewer | 30.49 | 5.40 | 81 | (N.S.) |
| | Non-Viewer | 31.49 | 4.72 | 77 | |
| 6 | Viewer | 23.37 | 4.78 | 54 | (N.S.) |
| | Non-Viewer | 24.04 | 5.15 | 99 | |
| 7 | Viewer | 13.53 | 4.45 | 17 | (p < .01) |
| | Non-Viewer | 17.16 | 5.09 | 96 | |

Even though no data were collected about the importance of the Feeling Good programs to the respondents, we think that it is reasonable to assume that the actual viewing of the series was not an event of considerable importance to most of the respondents, though there was, of course, probably large variation among respondents in the relevance of and interest in the content of the programs. Two salience factors--national and personal--are important in determining relevance and interest. For example, during the time period of this field experiment, breast cancer was a highly salient national issue receiving much attention in the media. It is reasonable, therefore, to expect respondents to have been particularly interested in this health topic and especially attentive to Feeling Good programs that included content on breast cancer. As a result of this interest and attention, recall should also have been relatively good in this area. Examination of the knowledge item viewing scores (see Table 2.8) shows that the program with the largest percentage of "Viewers" in each Season (A10 and B5--55 and 38 per cent, respectively) focused on breast cancer as a major theme. Personal salience is more difficult to analyze, but it is reasonable to expect that personal involvement with particular health problems would increase the likelihood that a respondent will recall program content relevant to those problems. We cannot easily analyze this effect because it is necessary to control for bias in selective viewing; that is, there is not only a likelihood that respondents will have better recall of programs of personal relevance, they are also more likely to view those programs. (The issue of selection bias is discussed in more detail in the next section.) In summary, this second point about memory is that it is selective, and the general effect of this selectivity on the viewing data is that programs of national and personal importance are more likely to be remembered.

A third point about memory effects is that the sequence of knowledge items and program-specific phrases in the question wording provided the respondents with memory aids for recall of the correct response. The estimation of the size of the sequence effect required randomized item order. Unfortunately, the sequence of the items is the same for all of the respondents. For question wording, as noted previously, items that contain reference to a specific program have substantially larger percentages of "Viewers." Hence, though we cannot be specific about sequence effects, there is evidence that recall was facilitated by the presence of program-specific phrases in the question wording.

Two other components of memory effects might possibly have influenced the viewing data: primacy and recency factors. Primacy refers to the effect whereby the first programs of a particular season were more likely to be recalled because they were the first shows that the respondent viewed. Recency refers to the effect whereby the last programs of a season were more likely to be recalled because they were the respondents' final viewing experiences. Because of the lag time between viewing and interviews and the variation in guessing and difficulty levels, it was impossible to assess the influence of these two memory factors.

The fourth problem in the use of the knowledge items is the presence of ambiguity about the correct response alternatives. The response alternatives to the knowledge items were developed to provide attentive viewers with only one obvious correct answer. Unfortunately, as noted before, the distribution of responses to one of the items suggests that there was some ambiguity about the correct response. This item refers to program 7 of Season B. This program focused on the theme of doctor/patient communication. In a major segment of this program, Dick Cavett is sitting in a doctor's waiting room presenting several of the difficulties and possible solutions of open communication between patient and doctor. Interspersed between Cavett's comments are both monologues by patients about their anxieties in talking with the doctor and short vignettes of patient and doctor interactions. Throughout this episode, Cavett is involved with doing a crossword puzzle; however, there is only one brief interlude where he makes a specific comment about the puzzle. The scenario is complex, with many events occurring and with a large amount of information being presented. Hence, it is understandable that many of the viewers would not have been able to select the correct answer to this knowledge item if more than one response alternative was potentially relevant to this segment.

The Season B program 7 knowledge item and the response distribution for it are presented in Table 2.18. The correct alternative is "Doing a crossword puzzle." Although there is some variation across subgroups, the overall pattern is relatively stable. In comparison with the other knowledge items (refer to Table 2.8), this item has less than half of the percentage of "Viewer" scores than the next lowest item.[13] The percentage of "Viewers" for this program is 20 per cent (almost three standard deviations) less than the average percentage for the other five Season B programs. Examination of the difficulty levels in Table 2.15 shows that this item is three times more difficult than the next most difficult item.

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[13] Note that the percentage of "Viewer" scores (correct responses) is slightly larger in this table than in Table 2.8. These discrepancies are due to the exclusion in Table 2.18 of respondents who did not view any of the Season B programs.

## TABLE 2.18

## AMBIGUITY ABOUT CORRECT RESPONSE ALTERNATIVE

(Per Cent)

| | Subgroup | | | | |
|---|---|---|---|---|---|
| In one episode of Feeling Good, Dick Cavett is sitting in a doctor's waiting room. As you remember it, what is he doing while he's waiting. Is he . . . | A1 | A2 | A3 | A4 | Total |
| Reading a magazine . . . . . . . . . . | 10 | 11 | 13 | 14 | 11 |
| Doing a crossword puzzle . . . . . . | 8 | 7 | 13 | 9 | 10 |
| Talking to another patient . . . . . | 43 | 41 | 38 | 41 | 41 |
| Didn't see that show . . . . . . . . . | 15 | 11 | 12 | 23 | 14 |
| Don't remember . . . . . . . . . . . | 24 | 30 | 24 | 14 | 23 |
| N . . . . . . . . . . . . . . . . . . . | (92) | (27) | (68) | (22) | (209) |

As a result, this item does not offer much useful information about viewing. It does not adequately distinguish viewers from non-viewers because almost all respondents are assigned "Non-Viewer" scores for this program. To obtain a larger percentage of "Viewer" scores it would, of course, have been possible to code the third response alternative, "Talking to another patient," as a correct answer. We thought, however, that exceptions to the general rule about assigning "Viewer" scores to the knowledge items would tend to be more confusing than worthwhile. In summary, the small percentage of "Viewer" scores for Season B program 7 prevent, unfortunately, a precise assessment of the impact of this program about doctor/patient communication.

The effect of partial viewing is a fifth potential problem with the use of knowledge items as indicators of viewing. A respondent may have viewed most of a particular Feeling Good program, but if she was inattentive or not viewing during the segment that is asked about in the knowledge item, she would be unable to give the correct answer unless she guessed. Similar to the effects of variation in difficulty level, memory, and ambiguity in response alternative, the influence of partial viewing increases the probability that a viewer would be misclassified as a "Non-Viewer." The measurement of partial viewing is very difficult without the use of direct observation techniques, and, given the nature of this study, it was not possible to implement such methods. One item asked in both Waves II and III, however, does yield some information about the possible effects of partial viewing. This question asked the respondent about the average amount of viewing for the Season A programs. The response distribution for these items by the viewing score groups on each Season A program is presented in Table 2.19. The total distributions for these two items indicate that approximately 80 per cent of the respondents reported that on the average they watched most or all of each program. As expected, the comparisons with the knowledge item viewing score groups show that for all Season A programs the "Viewers" are more likely to report viewing a larger amount of each program. Note also that within the "Viewer" group for each program, "Viewers" are more likely to report "Usually watch each program completely" than any other level of viewing. These findings suggest that there is a positive relationship between the viewing scores based on the knowledge items and the reported average amount of viewing for each program. Although it is impossible to estimate precisely the effect of partial viewing on the probability of misclassification, the results from Table 2.19 suggest that the likelihood of being assigned a "Viewer" score is decreased if the respondent did not view the entire program.

In conclusion, there are five problems with the use of the knowledge items as indicators of viewing that increase the likelihood of measurement errors, which in turn result in the misclassification of respondents to viewing groups. Guessing effects increase the probability of assigning "Viewer" scores to non-viewers, whereas the other four problems increase the probability of assigning "Non-Viewer" scores to viewers. The cumulative influence of these problems on the interpretation of the responses to the knowledge items is that they enhance the conservative character of the decision rule that assigns "Viewer" scores only to persons

## TABLE 2.19

## PARTIAL VIEWING EFFECTS: VIEWING SCORE BY AMOUNT OF PROGRAM WATCHED

(Per Cent)

| | | | When you watched Feeling Good did you . . . | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Knowledge Item | Knowledge Score | Usually watch each program completely | Usually watch most of it | About half of it | Less than that | Don't know | N |
| | | | | | Wave II[a] | | | |
| Season A Program # | (1-3) | Viewer | 49 | 39 | 10 | 1 | 0 | 69 |
| | | Non-Viewer | 36 | 18 | 27 | 18 | 0 | 21 |
| | 1 | Viewer | 52 | 41 | 3 | 3 | 0 | 29 |
| | | Non-Viewer | 45 | 33 | 18 | 4 | 0 | 51 |
| | 2 | Viewer | 64 | 29 | 7 | 0 | 0 | 42 |
| | | Non-Viewer | 29 | 45 | 18 | 8 | 0 | 38 |
| | 3 | Viewer | 49 | 39 | 9 | 3 | 0 | 33 |
| | | Non-Viewer | 47 | 34 | 15 | 4 | 0 | 47 |
| | | Total | 47 | 36 | 13 | 4 | 0 | 80 |
| | | | | | Wave III[b] | | | |
| | 4 | Viewer | 49 | 29 | 23 | 0 | 0 | 35 |
| | | Non-Viewer | 41 | 36 | 16 | 6 | 1 | 119 |
| | 5 | Viewer | 65 | 28 | 6 | 2 | 0 | 51 |
| | | Non-Viewer | 32 | 38 | 23 | 6 | 1 | 103 |
| | 6 | Viewer | 48 | 37 | 12 | 3 | 0 | 75 |
| | | Non-Viewer | 38 | 32 | 23 | 6 | 1 | 79 |
| | 7 | Viewer | 49 | 32 | 16 | 3 | 0 | 68 |
| | | Non-Viewer | 38 | 36 | 19 | 6 | 1 | 86 |
| | 8 | Viewer | 60 | 26 | 13 | 2 | 0 | 47 |
| | | Non-Viewer | 36 | 38 | 20 | 6 | 1 | 107 |
| | 9 | Viewer | 53 | 31 | 13 | 2 | 2 | 68 |
| | | Non-Viewer | 35 | 37 | 21 | 7 | 0 | 86 |
| | 10 | Viewer | 49 | 34 | 14 | 2 | 1 | 89 |
| | | Non-Viewer | 34 | 35 | 23 | 8 | 0 | 65 |
| | 11 | Viewer | 54 | 28 | 16 | 2 | 0 | 67 |
| | | Non-Viewer | 34 | 39 | 18 | 7 | 1 | 87 |
| | | Total | 43 | 34 | 18 | 5 | 1 | 154 |

[a] Does not include the 29 respondents who reported not viewing any of the first three Season A programs.

[b] Does not include the 9 respondents who reported not viewing any of the Season A programs.

who gave correct answers. Thus, we can have a high degree of confidence that those women who gave correct responses to the knowledge items did view the programs; however, some of the actual viewers were undoubtedly assigned "Non-Viewer" scores.

## Knowledge Scales And Viewing Indices

In the discussion about the viewing patterns of the Induced Viewer group up to this juncture, we have covered five major points: (1) unexpected variance in their viewing patterns suggested the need for a new design and analysis plan; (2) this new design required the establishment of viewing indices that could be used as criterion variables to reassign Induced Viewers to new treatment groups; (3) comprehensive analysis of the impact of Feeling Good suggested the construction of eight viewing indices--Season A as a whole, each of the six Season B programs separately, and the Overall impact (Seasons A plus B); (4) the knowledge items were selected as indicators of viewing for Induced Viewers; and (5) characteristics of the knowledge items indicated that correct answers to these items are conservative measures of actual viewing. In the remainder of this section, we present the translation rules used for converting the knowledge item viewing scores into the viewing criterion indices.

Translation of the knowledge item viewing scores into the viewing indices for Season A and Overall impact requires the establishment of a set of combination rules. Indices for Season B programs, however, correspond exactly to the knowledge item viewing scores for each of the Season B programs. Recall that a "Viewer" score was assigned to a respondent if she gave the correct answer; otherwise she was assigned a "Non-Viewer" score. The distributions of scores on the viewing indices for Season B programs by each subgroup are presented in Table 2.20. As mentioned previously, the "Non-Viewer" groups for these programs contain a larger number of respondents than the "Viewer" groups. Overall there is only one substantial difference among the subgroups in the distribution of viewing scores--for Program 4 the A4 subgroup has a larger percentage of "Viewers" than the other three subgroups. The general absence of large differences between the subgroups indicates that, unlike the viewing scores in the B and C groups, the Season B program viewing scores for the Group A respondents do not show measurement effects.

To derive the other two viewing indices, we decided to combine the knowledge item viewing scores into scales that would yield distributions of the total number of correct responses for Season A and also for both seasons together. The Wave III knowledge items were selected for the Season A scale, and Waves III and IV were combined for the Overall scale. The Wave II knowledge items were not used in the construction of these scales because they were administered only to the A1 subgroup and therefore did not provide information about the viewing experiences of respondents in the other subgroups. To maximize the consistency in the interpretation of the knowledge scales, we included only those knowledge items that were administered to the majority of the respondents in the Induced Viewer group.

## TABLE 2.20

## SEASON B PROGRAM VIEWING INDICES

(Per Cent)

| Program Number | Viewing Group | Subgroup | | | | |
|---|---|---|---|---|---|---|
| | | A1 | A2 | A4 | A3 | Total |
| 2 | Viewer | 28 | 35 | 44 | 35 | 33 |
| | Non-Viewer | 72 | 65 | 56 | 65 | 67 |
| 3 | Viewer | 18 | 14 | 20 | 26 | 20 |
| | Non-Viewer | 82 | 86 | 80 | 74 | 80 |
| 4 | Viewer | 18 | 21 | 32 | 22 | 21 |
| | Non-Viewer | 82 | 79 | 68 | 78 | 79 |
| 5 | Viewer | 42 | 41 | 32 | 34 | 38 |
| | Non-Viewer | 58 | 59 | 68 | 66 | 62 |
| 6 | Viewer | 24 | 31 | 20 | 31 | 27 |
| | Non-Viewer | 76 | 69 | 80 | 69 | 73 |
| 7 | Viewer | 6 | 7 | 8 | 12 | 8 |
| | Non-Viewer | 94 | 93 | 92 | 88 | 92 |
| Sample Size . . . . . . . | | (109) | (29) | (25) | (74) | (237) |

The distribution of scores across the two knowledge scales by each subgroup is presented in Table 2.21. Respondents in subgroup A3 are not assigned to viewing groups for either Season A or Overall because they were not interviewed during Wave III. The shape of the distribution for each of the scales is somewhat different. For the Season A scale, the scores are approximately rectangularly distributed across categories 0 through 6, and then tail off for the last two categories. The distribution for the Overall scale is approximately normal, with a tailing off in the last four score categories. In general, there are no substantial differences among the subgroups in the distributions across the two scales.

Subsequent to the construction of the knowledge scales, decisions had to be made about the translation of scale scores into viewing indices. We first decided that the scales required dichotomization into "Low Viewers" and "High Viewers." The rationale for dichotomization was threefold: (1) it was necessary to distinguish between degrees of viewing, but the small group sizes militated against more than two categories for each index; (2) the original analytic purpose of the study was to estimate a linear contrast--that is, between viewers and non-viewers--and more than two categories of viewing would therefore add unnecessary complexities to an already difficult analysis; (3) the range of scale points did not justify more than a dichotomization--that is, with an increase in the number of categories and therefore more narrow category boundaries, there is a concomitant increase in the number of possible misclassification errors, which could result in a larger number of respondents being assigned to incorrect viewing groups.

Once the decision to dichotomize the scales was made, we had to select the cutting point for each scale. Two considerations were important for the selection of cutting points. First, since the effects of guessing could

## TABLE 2.21

## KNOWLEDGE VIEWING SCALES

(Per Cent)

| | Number of Correct Responses | Subgroup A1 | A2 | A4 | Total |
|---|---|---|---|---|---|
| Season A<br>(Wave III) | 0 | 17 | 14 | 20 | 17 |
| | 1 | 8 | 14 | 12 | 10 |
| | 2 | 17 | 14 | 16 | 17 |
| | 3 | 16 | 24 | 12 | 17 |
| | 4 | 13 | 7 | 12 | 12 |
| | 5 | 12 | 14 | 12 | 12 |
| | 6 | 12 | 7 | 12 | 11 |
| | 7 | 4 | 7 | 4 | 4 |
| | 8 | 2 | 0 | 0 | 1 |
| N = | | (109) | (29) | (25) | (163) |
| Overall<br>(Waves III + V) | 0 | 8 | 3 | 16 | 9 |
| | 1 | 6 | 7 | 4 | 6 |
| | 2 | 12 | 24 | 8 | 14 |
| | 3 | 17 | 7 | 12 | 14 |
| | 4 | 13 | 10 | 8 | 12 |
| | 5 | 12 | 10 | 24 | 14 |
| | 6 | 6 | 14 | 0 | 7 |
| | 7 | 10 | 7 | 8 | 9 |
| | 8 | 6 | 10 | 8 | 7 |
| | 9 | 6 | 3 | 4 | 5 |
| | 10 | 3 | 3 | 8 | 4 |
| | 11 | 1 | 0 | 0 | 1 |
| | 12 | 0 | 0 | 0 | 0 |
| | 13 | 0 | 0 | 0 | 0 |
| | 14 | 1 | 0 | 0 | 1 |
| N = | | (109) | (29) | (25) | (163) |

result in one correct response in three answers, the cutting points should probably be at or above the bottom one-third of the range of possible scores. Second, to optimize the chances of detecting significant differences between the "High" and "Low Viewers," the two groups should be of approximately the same sample size. Thus, we selected the following cutting points for the viewing indices: Season A Index--"Low Viewers" = knowledge scale scores 0 through 3, "High Viewers" = knowledge scale scores 4 through 8; Overall Index--"Low Viewers" = knowledge scale scores 0 through 4, "High Viewers" = knowledge scale scores 5 through 14.[12] Note that the cutting point for the Overall index is one score below the bottom one-third of the range of possible scores. We thought that this somewhat low cutting point was justified for this scale because the small percentage of "Viewer" scores for the Season B program 7 item essentially reduced the range for the Overall scale from 14 to 13 points.

Table 2.22 presents the results of dichotomizing the knowledge scales at the cutting points described above. Induced Viewers in subgroups A1, A2, and A4 are assigned to two treatment groups depending upon their scores on the viewing indices. Within each of the two indices there are no substantial differences in the composition of viewing scores with respect to subgroup membership. The distribution for the total Induced Viewer group shows approximately a 3:2 ratio of "Low Viewers" to "High Viewers" for the Season A Index and almost a 1:1 ratio for the Overall Index.

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[12] An alternative strategy to including all of the knowledge scale scores in the assignment of respondents to viewing groups would have been to establish the cutting points and then discard those individuals with scores close to the cutting points, leaving only those respondents at the extremes of the distributions. This alternative has the advantage of minimizing the probability of misclassifying individuals into incorrect viewing groups. Examination of the distribution of scale scores, however, shows that approximately 50 per cent of the respondents are clustered around the cutting point for each scale. Elimination of these respondents would therefore severely weaken the power of the analysis of the impact of Feeling Good. The non-random elimination of respondents, of course, also increases the likelihood that nontreatment effects, such as composition differences, will have an effect on findings.

TABLE 2.22

VIEWING SCORES FOR SEASON A AND OVERALL INDICES

(Per Cent)

| Index | Viewing Group | Subgroup | | | |
|---|---|---|---|---|---|
| | | A1 | A2 | A4 | Total |
| Season A | High Viewer | 42 | 35 | 40 | 40 |
| | Low Viewer | 58 | 66 | 60 | 61 |
| Overall (Seasons A plus B) | High Viewer | 45 | 48 | 52 | 47 |
| | Low Viewer | 55 | 52 | 48 | 53 |
| N = . . . . . . . . . . . . . . . . . | | (109) | (29) | (25) | (163) |

The relationship between the two viewing indices is shown in Table 2.23. The conditional probabilities displayed in this table indicate that there is a substantial positive relationship between the two indices.

## TABLE 2.23

## RELATIONSHIP BETWEEN VIEWING INDICES FOR SEASON A AND OVERALL (CONDITIONAL PROBABILITIES)[a]

| | | SEASON A | | OVERALL | |
|---|---|---|---|---|---|
| | | High | Low | High | Low |
| Season A | High | -- | | .9 | |
| | Low | | -- | | .9 |
| Overall | High | .8 | | -- | |
| | Low | | .9 | | -- |

[a] The conditional probabilities are estimated from the following algorithm: given that a respondent has a viewing score specified by the row label, what is the probability that she will also have a viewing score specified by the column label. Note that within any row of a particular column score, e.g., Season A, the two probabilities will add to 1.0 and therefore only one is given.

Even though the decisions about the rules for translating the item scores into scale scores and finally into viewing indices appeared to be conservative and logical, it is important to examine the empirical relationships between these indices and other variables, particularly the self-report viewing items. Recall that one of the basic reasons for developing the knowledge scales was that it was assumed these composite scores would better discriminate between respondents' overall viewing experiences than would single viewing items. We therefore expected the relationships among the viewing indices and the self-report viewing items to be more positive than the relationships among the individual knowledge item viewing scores and the self-report viewing items. Table 2.23 presents the relationships among the Season A Index and the Season A self-report viewing items. An average of

80 per cent of the "High Viewers" report viewing "Most" or "All eleven" of the Season A programs for the Wave III and IV items. Also, 56 (Wave III) and 60 (Wave IV) per cent of the "Low Viewers" report viewing "Only a few" or less of the Season A programs. When these findings are compared with the data on the relationships among the knowledge item viewing scores and the self-report viewing items (Table 2.10), it is obvious that the viewing indices are more positively related to the self-report viewing items than are any of the individual knowledge items.

TABLE 2.24

RELATIONSHIPS AMONG SEASON A VIEWING INDEX AND SELF-REPORT VIEWING ITEMS

(Per Cent)

| Self-Report Viewing Item | Season A Index | |
|---|---|---|
| | High | Low |
| Season A (Wave III) | | |
| How many Season A programs watched? | | |
| All eleven | 11 | 11 |
| Most | 68 | 23 |
| About half | 14 | 21 |
| Only a few | 8 | 46 |
| Saw, but don't know how many | 0 | 2 |
| None | 0 | 8 |
| N = | (66) | (97) |
| Season A (Wave IV) | | |
| How many Season A programs watched? | | |
| All eleven | 18 | 2 |
| Most | 62 | 19 |
| About half | 8 | 20 |
| Only a few | 12 | 50 |
| Saw, but don't know how many | 0 | 3 |
| None | 0 | 7 |
| N = | (66) | (97) |

The relationships between the Overall Index and the self-report viewing items are shown in Table 2.25. Similar to the results for the Season A index, these findings suggest that the Overall Index is substantially positively related to the self-report viewing items.

TABLE 2.25

RELATIONSHIPS AMONG OVERALL INDEX AND SELF-REPORT VIEWING ITEMS
(Per Cent)

| Self-Report Viewing Items | | High | Low |
|---|---|---|---|
| Season A (Wave III) | | | |
| How many Season A programs watched? | | | |
| All eleven | | 9 | 1 |
| Most | | 66 | 20 |
| About half | | 11 | 24 |
| Only a few | | 14 | 44 |
| Saw, but don't know how many | | 0 | 3 |
| None | | 0 | 8 |
| | N = | (76) | (87) |
| Season A (Wave IV) | | | |
| How many Season A Programs watched? | | | |
| All eleven | | 15 | 3 |
| Most | | 61 | 15 |
| About half | | 11 | 18 |
| Only a few | | 15 | 52 |
| Saw, but don't know how many | | 0 | 3 |
| None | | 0 | 8 |
| | N = | (76) | (87) |
| Self-Report Viewing, Season B | | | |
| Number of Season B shows viewed | | | |
| 6 | | 22 | 14 |
| 5 | | 34 | 9 |
| 4 | | 13 | 14 |
| 3 | | 17 | 17 |
| 2 | | 7 | 18 |
| 1 | | 4 | 13 |
| 0 | | 3 | 15 |
| | N = | (76) | (87) |

In conclusion, we have established eight viewing indices that are used as criterion variables to reassign Induced Viewers to new viewing treatment groups. The first six are the Season B program indices--"Viewer" and "Non-Viewer" categories for each of the six Season B programs. Induced Viewers are assigned to a viewing group for each program depending on their response to the corresponding knowledge item for that program. If the respondent gave a correct response, she was assigned to a "Viewer" group, otherwise she was assigned to a "Non-Viewer" group. The assignment of respondents to the posterior-defined viewing groups for the Season A and the Overall analyses required a three-step process whereby responses to the knowledge items were converted to item scores which were subsequently combined to produce scales that were finally transformed into viewing indices with categories of "High Viewer" and "Low Viewer." Each respondent was assigned to two treatment groups depending on her viewing category for these two indices. The constructed viewing indices have large positive associations with the self-report viewing items. Since most of the decisions involved in the construction of the viewing indices were conservative, we have minimized the probability of misclassifying non-viewers into "Viewer" and "High Viewer" groups, but have consequently increased the likelihood that some viewers have been misclassified into "Non-Viewer" and "Low Viewer" groups.

## Nontreatment Effects

In the preceding section we presented a scheme for reassigning respondents to eight viewing treatment groups depending on their scores on various post hoc constructed viewing indices. Before proceeding with the analysis of the differences among these viewing treatment groups on numerous outcome measures, it is necessary to examine the influence of nontreatment effects on the data. Unlike laboratory experiments where nontreatment effects can generally be controlled for, field experiments such as this study are susceptible to the vagaries of unexpected changes and uncontrollable influences. In this section, we will analyze four nontreatment effects--composition differences, non-random attrition, selection bias, and baseline differences--that may add complexity to the interpretation of the impact of Feeling Good.

The first type of nontreatment effect to be examined is composition differences. Effects resulting from composition differences are possible when the distributions of demographic characteristics are markedly dissimilar across treatment groups. For example, if the viewers have a significantly greater amount of education than the non-viewers, it is possible that the differential impact of the series could be attributable to this educational gradient rather than to the viewing experiences. To experimentally control for the possibility of composition differences in this study, sampling segments were assigned at random to treatment groups and respondents were then assigned randomly to subgroups. Recall, also, that the Oak Cliff community was selected to maximize the probabilities of obtaining a sample with a large proportion of Spanish surname and black respondents with low-income characteristics. The degree to which the sampling objectives were achieved and the randomization procedures succeeded is demonstrated by the data presented in Table 2.26. This table displays the univariate distributions for the analytic sample by each of the originally specified subgroups and also for the attrition sample (i.e., respondents who were set aside from the final analysis because of incomplete data across waves). Setting aside the attrition sample for a later discussion, overall, the distributions are remarkably similar across the subgroups. To be sure, there is some variation in the distributions; however, of the over 200 percentages displayed in this table, only a few are noticeably discrepant from the other values for their respective rows. None of the subgroups are systematically different from the others across all of the characteristics presented in Table 2.26. Thus, these data seem to indicate that the randomization procedures succeeded in preventing substantial composition differences between the original treatment groups.[13] The distributions of ethnicity show that the number of respondents with Spanish surnames is somewhat less than hoped for, but the black sample is unexpectedly large. Hence, overall, the final proportion of minority respondents in the sample is very close to the desired amount. Second, the income distributions show that over half of those respondents who reported an annual household income fell below the $10,000 level. This finding, in conjunction with the distributions of educational level and occupational classification, suggest that the respondents do indeed have the characteristics of a low-income population.

The random distribution of demographic characteristics within the original treatment groups does not, however, guarantee that composition differences will be non-existent in the posterior-defined viewing treatment groups. Assignment of respondents to the eight sets of posterior-defined viewing treatment groups by use of a non-random selection procedure (that is, classification according to scores on the viewing indices) opens

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[13] Comparability across the univariate (marginal) distributions does not, of course, insure similarity in the multivariate distributions (i.e., the cross-classification of characteristics). We have not analyzed the possibility of significant differences in the multivariate distributions because, first, the sample sizes of the subgroups are too small for reliable estimation of the cross-classifications of demographic characteristics, and second, it is not obvious how such differences, if they did exist, would affect the interpretation of the data on outcome measures.

## TABLE 2.26

## DEMOGRAPHIC CHARACTERISTICS FOR ORIGINAL TREATMENT SUBGROUPS

(Per Cent)

| Demographic Characteristics | Analytic Sample | | | | | | | | | | Attrition Sample |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | |
| **Race**: | | | | | | | | | | | |
| Spanish surname | 13 | 17 | 16 | 8 | 15 | 9 | 4 | 9 | 20 | 12 | 4 |
| Black | 39 | 41 | 39 | 52 | 41 | 38 | 56 | 40 | 35 | 40 | 54 |
| White | 49 | 41 | 45 | 40 | 41 | 53 | 39 | 49 | 35 | 46 | 42 |
| Other | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 3 | 10 | 1 | -- |
| **Annual Household Income**: | | | | | | | | | | | (69) |
| Under $6,000 | 29 | 38 | 22 | 48 | 15 | 18 | 35 | 24 | 35 | 26 | 35 |
| $6,000-$9,999 | 18 | 17 | 24 | 24 | 11 | 22 | 13 | 18 | 10 | 19 | 17 |
| $10,000 or more | 42 | 41 | 46 | 24 | 56 | 52 | 48 | 51 | 25 | 45 | 35 |
| Don't know, refused | 10 | 3 | 8 | 4 | 19 | 8 | 4 | 7 | 15 | 9 | 14 |
| **Age**: | | | | | | | | | | | (66) |
| 18-34 | 54 | 48 | 53 | 0 | 56 | 61 | 0 | 55 | 0 | 47 | 63 |
| 35-54 | 34 | 34 | 32 | 0 | 26 | 24 | 0 | 33 | 0 | 26 | 15 |
| 55 or more | 11 | 14 | 14 | 0 | 15 | 14 | 0 | 10 | 0 | 11 | 12 |
| Missing | 1 | 3 | 1 | 100[a] | 4 | 1 | 100[a] | 1 | 100[a] | 16 | 10 |
| **Education**: | | | | | | | | | | | (73) |
| 8th grade or less | 19 | 17 | 16 | 20 | 7 | 14 | 0 | 10 | 15 | 14 | 20 |
| High school, incomplete (grades 9,10,11) | 21 | 24 | 26 | 28 | 33 | 32 | 30 | 30 | 15 | 27 | 30 |
| High school, complete (12th grade) | 38 | 31 | 34 | 44 | 33 | 37 | 30 | 46 | 40 | 38 | 35 |
| College, incomplete | 11 | 7 | 12 | 8 | 15 | 9 | 17 | 9 | 10 | 11 | 9 |
| College, complete | 10 | 21 | 12 | 0 | 7 | 7 | 22 | 4 | 5 | 9 | 6 |
| Don't know, refused | 1 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 15 | 1 | -- |
| **Occupation of Household Head**: | | | | | | | | | | | (69) |
| Professional, managerial | 22 | 31 | 24 | 12 | 33 | 25 | 17 | 24 | 5 | 23 | 22 |
| Sales, clerical | 15 | 14 | 15 | 20 | 15 | 15 | 22 | 10 | 20 | 15 | 8 |
| Craftsmen, operatives | 39 | 34 | 40 | 36 | 41 | 40 | 39 | 34 | 40 | 39 | 40 |
| Laborers, service workers | 18 | 14 | 15 | 32 | 7 | 19 | 13 | 28 | 10 | 19 | 25 |
| Farm | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Don't know, refused | 6 | 7 | 3 | 0 | 4 | 1 | 9 | 3 | 0 | 4 | 5 |
| **Child(ren) under 6 years old**: | | | | | | | | | | | (67) |
| Yes | 53 | 55 | 54 | 48 | 56 | 55 | 70 | 53 | 55 | 54 | 59 |
| N | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (75) |

[a] Because respondents in these subgroups were sampled after the Wave I interview, we were unable to obtain full demographic information about them.

the possibility of composition differences. To test for such significant differences in the demographic profiles among the various viewing groups, we crosstabulated the six characteristics presented in Table 2.26 with each of the treatment groups as defined for the eight separate analyses. These crosstabulations are presented in the Appendix (Nontreatment Effects--Demographic Characteristics of Viewing Groups"). Overall, the data indicate that, fortunately, there are no substantial differences in the univariate distributions of demographic characteristics among the viewing groups. Consequently, we do not have to consider the effects of composition differences in the interpretation of the impact of Feeling Good.

A second type of potential nontreatment effect is non-random attrition. Recall from the discussion in Chapter I that 75 respondents were set aside from the final analysis of post-treatment measures either because they voluntarily dropped out of the study or because they were not interviewed at all the points applicable to their original subgroup. The elimination of these 75 respondents could not only create baseline differences among the viewing groups, but could also affect the distribution of scores on the impact variables. To examine the possibility of non-random attrition in this study, we first looked at the distribution of respondents in the attrition sample by their membership in original treatment groups and also by posterior-defined viewing groups.[14]

The data presented in Table 2.27 show that the total attrition rate (14 per cent) is somewhat less than the predicted 20 per cent. Although there is some variation in the percentages of the attrition sample, overall, there are no substantial differences among the original groups or among the viewing groups. As would be expected, the largest attrition rate was for the Non-Induced Non-Viewer (C) groups. In summary, it appears that attrition rates were almost uniform across all groups, and we do not, therefore, have to be concerned with a disproportionately large number of respondents from any group being excluded from the analysis.

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[14] In this discussion we use the term "attrition" to refer to both voluntary attrition and post hoc exclusion.

Even though the attrition rates did not vary substantially across groups,there was still a possibility that respondents in the attrition sample were significantly different from respondents in the analytic sample in terms of demographic characteristics and both baseline and post-treatment measures. For example, it was possible that, as a group, the attrition respondents were from a significantly lower educational level and also less interested than the analytic respondents in health care topics. If this were the case, they might have dropped out of the survey or refused to participate at certain interview points because they were not concerned with the issues asked about in the questionnaire. This would mean that the generalizability of the findings from this field experiment would be limited to women in low-income households with a relatively high educational level and an interest in health care topics. Similarly, it was also possible that the attrition respondents who viewed Feeling Good, reacted differently to the series than did the viewers in the analytic sample.

To examine the differences between the attrition sample and the analytic sample on demographic characteristics, we compared the marginal distributions for the six characteristics presented in Table 2.26. The data from this table show that the attrition sample has a larger proportion of blacks and more younger respondents, but overall, there are no substantial differences between this sample and the analytic sample. The marginal

## TABLE 2.27

## DISTRIBUTION OF ATTRITION SAMPLE ACROSS ORIGINAL TREATMENT GROUPS AND POSTERIOR-DEFINED VIEWING GROUPS

| | Attrition Sample (Per Cent) | Total Sample (Analytic plus Attrition) (N) |
|---|---|---|
| **Original Treatment Group** | | |
| A (Induced Viewers) | 15 | 279 |
| B (Induced Non-Viewers) | 9 | 149 |
| C (Non-Induced Non-Viewers) | 17 | 115 |
| Total | 14 | 543 |
| **Posterior-Defined Treatment Group** | | |
| **Season A** | | |
| A High Viewer | 7 | 71 |
| A Low Viewer | 8 | 105 |
| B Non-Viewer | 10 | 51 |
| B Viewer | 10 | 4 |
| C Non-Viewer | 17 | 102 |
| C Viewer | 15 | 13 |
| **Overall (Seasons A plus B)** | | |
| A High Viewer | 6 | 81 |
| A Low Viewer | 7 | 94 |
| B Non-Viewer | 12 | 114 |
| B Viewer | 0 | 35 |
| C Non-Viewer | 22 | 95 |
| C Viewer | 10 | 20 |
| **Season B Programs** | | |
| Program 2 | | |
| A Viewer | 5 | 82 |
| A Non-Viewer | 5 | 167 |
| B Non-Viewer[a] | 12 | 117 |
| B Uncertain Viewer[a] | 0 | 32 |
| C Non-Viewer[a] | 17 | 101 |
| C Uncertain Viewer[a] | 14 | 14 |
| Program 3 | | |
| A Viewer | 4 | 50 |
| A Non-Viewer | 5 | 199 |
| Program 4 | | |
| A Viewer | 6 | 53 |
| A Non-Viewer | 5 | 198 |
| Program 5 | | |
| A Viewer | 2 | 93 |
| A Non-Viewer | 6 | 156 |
| Program 6 | | |
| A Viewer | 5 | 66 |
| A Non-Viewer | 5 | 183 |
| Program 7 | | |
| A Viewer | 5 | 21 |
| A Non-Viewer | 5 | 228 |

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[a] Recall that these four groups are exactly the same for all six of the Season B programs.

distributions of responses to all of the items on the Wave I through Wave IV questionnaires for the attrition sample are presented in the Appendix. Fortunately, similar to the findings on composition differences, there are no systematic differences between the attrition and analytic samples on these marginal distributions.[15] We conclude, therefore, that attrition in this study appears to be essentially random, and that the exclusion of the 75 respondents in the attrition sample from the analysis of the outcome measures does not affect the interpretation of the impact of Feeling Good.

A third potential nontreatment effect is selection bias. As noted in Chapter I, selection bias is frequently a problem in the analysis of the impact of media and of information campaigns, because exposure is almost always substantially correlated with pretreatment interest and knowledge about the specific topics in the study. To experimentally control for selection bias, we used a sampling procedure that randomly assigned individuals to treatment groups. Unfortunately, the viewing data collected during the field experiment indicated that this design did not eliminate intra-group variation in exposure to the series. Consequently, we constructed new viewing treatment groups to minimize the intra-group variation in viewing. It is very likely that the variation in viewing is correlated with pretreatment differences on several variables that are traditionally associated with selection bias.

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[15] As in footnote 13, we emphasize here that similarity on univariate distributions does not necessarily imply similarity on the multivariate distributions. Also, we acknowledge the distinction between measured variables and unmeasured variables. That the attrition sample did not markedly differ from the analytic sample on the set of measured variables does not eliminate the possibility that there were significant differences on important unmeasured variables which may have influenced the interpretation of the impact of Feeling Good. This point about unmeasured variables will be further discussed in the analysis of baseline differences.

In this study, three sets of variables were included as indicators of factors that could determine viewer selection bias. The first set consists of 11 health history items that were asked on Wave I: "Did you or anyone else in your household ever have: (1) heart trouble; (2) high blood pressure (hypertension); (3) hardening of the arteries; (4) tumor, cyst, or growth; (5) mental or emotional trouble; (6) cancer; (7) trouble with hearing; (8) trouble with seeing--even with glasses; (9) trouble with being very overweight or very underweight; (10) trouble due to too much drinking; (11) a lot of trouble with teeth?" To test for differences in health history we crosstabulated these 11 items with each of the eight sets of posterior-defined viewing treatment groups. (A complete set of cross-tabulations is presented in the Appendix.)

Only one intra-group difference was significant--a larger percentage (36 per cent, N = 56) of the Season A "High Viewers" reported a household member having trouble with hearing than did the "Low Viewers" (11 per cent, N = 82)--and only one inter-group difference was significant--for Season B program #4 on vision, a larger percentage (38 per cent, N = 84) of "B Non-Viewers" reported a household member having trouble with seeing than did "C Non-Viewers" (24 per cent, N = 66). Thus, overall, pretreatment health history, as measured by these 11 items, is not associated with the levels of viewing of Feeling Good as indicated by responses to the knowledge viewing items.

A second set of items, included in the Wave IV questionnaire, was also potentially related to the levels of viewing. This set consisted of the same 11 health problems asked about in the Wave I health history questions, but referred to a more specific time period: "Over the last six months, since the first of the year . . . ." When these Wave IV items were crosstabulated with the viewing groups for each of the Season B programs, there were no significant intra- or inter-group differences in the reports of recent health problems. Hence, similar to health history, recent health problems are not related to viewing patterns.

The third set of items potentially associated with levels of viewing was pretreatment interest in health topics. Nine items in the Wave I questionnaire asked about health interests: (1) read newspaper items about health; (2) read magazine columns or articles about health or medicine in the last month; (3) watch doctor series on TV; (4) watch TV documentaries or specials on health; (5) evaluation of the amount of stories, articles, and radio and TV programs about health; (6) have books or pamphlets on adult sickness; (7) have books or pamphlets on child sickness; (8) read leaflet about health if it is given to you; and (9) how often discuss health matters with friends. When these interest items were crosstabulated with the various viewing groups, there were no significant differences within the A viewing groups or within the C viewing groups, but within B viewing groups, the percentages for "B Non-Viewers" are consistently lower. The inter-group differences show that the "B Non-Viewers" are also consistently less interested in health topics than the "A High Viewers" for the Season A and Overall analyses. ( A complete set of these crosstabulations is presented in the Appendix.) We conclude, therefore, that only a small portion of the variation in viewing levels can be explained by pretreatment differences in health interest as measured by these nine items.

In addition to the influences of composition differences, non-random attrition, and selection bias, there was also a possibility that nontreatment effects might occur because of baseline differences. The random assignment of respondents to treatment groups experimentally controlled for the influence of significant differences among the important pretreatment attributes of the women in the study, but it did not guarantee that such differences would be non-existent among the posterior-defined viewing treatment groups. Depending on one's model of causality, a wide spectrum of baseline differences in both measured and unmeasured variables could, of course, potentially affect the post-treatment data. Although there is no consensus about the best procedures for controlling statistically for baseline differences, numerous models that can be used to estimate these control parameters are available.

We have limited the examination of baseline differences in this study to those items that are similar in substantive content across the interview waves. The marginal distributions of responses to the baseline items (Wave I items for the Season A and Overall analysis, and Wave I, II, and III items for the Season B programs analysis) by the various viewing groups are presented in Chapter III. Overall, the data show that besides the health interest items mentioned above, there are only five significant differences among the viewing groups on the Season A baseline measures: "A High Viewers" were more likely than either "A Low Viewers" or "B Non-Viewers" to know that a Pap Smear Test is for the detection of cancer (98 per cent [56] versus 82 per cent [82] and 79 per cent [24], respectively); "A High Viewers" were more likely than "A Low Viewers" to think that regular exercise is important (96 per cent [56] versus 85 per cent [82]); "A High Viewers" were more likely than "A Low Viewers" to have had a Pap Smear Test more than a year ago (41 per cent [56] versus 25 per cent [73]); and a larger percentage (28 per cent [56]) of "A High Viewers" reported a household member using a dental disclosing tablet than did the "A Low Viewers," (15 per cent [82]). There are only eight significant differences on the Season B programs baseline measures: a larger percentage (89 per cent [78] ) of "A Viewers" disagreed with the statement that alcoholism is easier to treat in later stages than did either "A Non-Viewers" (76 per cent [110]) or "B Non-Viewers," (69 per cent [39]; a larger percentage (79 per cent [66]) of "A Viewers" reported self-examination of their breasts on Wave III than did "B Non-Viewers" (56 per cent [39]); a larger percentage (76 per cent [29]) of "A Viewers" disagreed with the statement that margarine has more cholesterol than butter than did the "B Non-Viewers" (43 per cent [39]); "A Viewers" were more likely than "B Non-Viewers" to disagree with the statement that besides diet, there is not much one can do to prevent heart attacks (86 per cent [29] versus 56 per cent [39]); both the "A Non-Viewers" (59 per cent [134]) and "B Non-Viewers" (49 per cent [39]) were less likely to report having their blood pressure checked on Wave III than were "A Viewers" (76 per cent [29]); and "A Viewers" were more likely than "B Non-Viewers" to have reported on Wave III that they started a regular exercise program (48 per cent [29] versus 15 per cent [39]). Hence, in less than 15 per cent of the total number (70) of baseline measures are there significant differences among the viewing groups. Since 140 comparisons among viewing groups were examined to detect baseline differences, the above findings are less than 10 per cent of total number of tests. These baseline differences may therefore be a result of random fluctuations in the data. These results imply, then, that the presence of some baseline differences may affect the interpretation of the impact of Feeling Good on a few specific variables but, in general, there appears to be no substantial evidence of systematic baseline differences in the measured variables among the viewing groups.

In summary, the influence of nontreatment effects appears, fortunately, to be minimal. The analysis of measured characterisitics and attributes indicate that there are no systematic composition differences, that attrition was basically random, and that only a few baseline differences are detectable among the viewing groups. The variation in viewing levels within and between the groups did show some association with pre-treatment health interest, but overall, we are unable to explain a major portion of the variation in viewing in terms of variables that are typically used to assess selection bias.

## Summary

In this chapter we have outlined the original design of the field experiment and discussed the unexpected occurrences of intra-group variation in viewing that suggested the construction of posterior-defined viewing treatment groups.

The three analytic objectives of this study--to analyze the effects of viewing (1) the entire Season A, (2) each of the six Season B programs separately, and (3) the Overall series (Seasons A plus B)--suggested the development of eight sets of viewing treatment groups. Respondents were assigned to a particular treatment group for each of the eight analyses.

Our strategy for assigning respondents to the posterior-defined treatment groups was based on decisions about translating information about viewing patterns collected during the study into viewing scores and indices. For the assignment of Induced Non-Viewers (Group B) and Non-Induced Non-Viewers (Group C) to these viewing groups, we used self-report viewing items. For the assignment of Induced Viewers (Group A) to viewing groups we used responses to questions about the content of specific Feeling Good programs. The knowledge items are conservative indicators of viewing (i.e., low probability of misclassifying non-viewers into a "Viewer" category), and five potential problems with these items--guessing, memory, variation in difficulty level, ambiguity of response alternative, and partial viewing--were shown to enhance the conservative character of these items.

Finally, we presented a discussion of the influence of four non-treatment effects--composition differences, non-random attrition, selection bias, and baseline differences--on the interpretation of the outcome measures. The only potentially significant nontreatment effect appeared to be pretreatment differences among the viewing groups in the level of interest in health topics.

# CHAPTER III

# THE EFFECTS OF VIEWING *FEELING GOOD* ON SELECTED OUTCOME VARIABLES

## Analytic Strategy

Our strategy for the analysis of the effects of viewing *Feeling Good* is summarized in the diagram presented in Figure 3.1.

| Stimulus (*Feeling Good* Programs) |  | Exposure (Viewing) |  | Impact Area (Measurements of Selected Variables) |
|---|---|---|---|---|
| Entire Season A;<br>Individual Season B Programs;<br>Overall (Seasons A plus B) | → | Viewing group membership as defined by viewing indices | → | Knowledge; Attitudes;<br>Behavior; Doctor/Patient Communication |

Fig. 3.1.--Outline for Measuring the Impact of *Feeling Good*

The rationale for aggregating the programs into three clusters was twofold. First, we aggregated all of the programs together for an analysis of the overall impact on three topics because these topics were not the focus of any particular program, but rather were recurrent issues presented throughout both seasons. These three general topics are: interest in health topics, efficacy in maintaining one's own good health, and urging others to have specific examinations, such as Pap Smears and blood pressure tests.

Second, an ideal analysis of the impact on specific health topics would have been structured around the effects of each program separately. This strategy was possible for Season B because each of the programs covered a single health topic. A similar analysis of Season A was impossible, however, because of first, the nature of the Season A programs, each of which included discussions of several health topics with numerous themes developed throughout the eleven programs, and second, the fact that only two interview waves were administered during Season A. Hence, we decided that the most reasonable analysis of Season A would consist of treating the stimulus as the entire series of programs with no attempt to discuss the specific program viewing effects.

By subscribing to this notion of an aggregated stimulus of the Season A programs, we recognized that the analysis of the impact of Season A is probably very conservative and that the absence of significant effects must be interpreted with caution. That is, since not all health topics were included in all of the Season A programs it is possible that even though a respondent was assigned to the "High Viewer" treatment group (based on total number of correct answers to the Wave III knowledge items), she may not have viewed a particular program and therefore may not have been exposed to a specific health topic. Her scores on the impact measures of this health topic would not, therefore, be an indication of a viewing effect. Conversely, a "Low Viewer" may have viewed a particular program, and therefore been exposed to a certain health topic, and consequently, her scores on outcome variables may indicate a significant impact. The only strategy to completely avoid this problem of the interpretation of the impact of the entire Season A was to examine differences between respondents who viewed all of the Season A programs and those who viewed none of the programs. If the knowledge items are used as indicators of viewing, however, the data reveal that only two respondents viewed all of the Season A programs (Table 2.21). Thus, the distribution of viewing patterns, as indicated by the selected measures of viewing, prohibit such a strategy. Despite these problems of the interpretation of the impact of Season A, the use of conservative measures of viewing, establishment of conservative decisions rules for categorizing respondents into viewing groups, and the analysis of effects on relatively sizeable groups of respondents, lend some statistical assurance to the appropriateness of our analytic strategy. That is, since "High Viewers" viewed more programs than "Low Viewers," they were more likely to have been exposed to materials on any given health topic, and the analysis of differences between groups, rather than between individuals, mitigates the effects of individual exceptions (i.e., within-group variation as a result of misclassification of viewing experiences).

The motivation, decisions, and problems associated with establishing the posterior-defined viewing treatment groups and assigning respondents to these groups was discussed thoroughly in Chapter 2. Recall that respondents were assigned to the posterior-defined viewing treatment groups according to the following rules.

1) Season A: Induced Viewers (Group A) with four or more correct responses to the eight knowledge items on Wave III were assigned to the "High Viewer" group, all other Induced Viewers were assigned to the "Low Viewer" group; Induced Non-Viewers (Group B) and Non-Induced Non-Viewers (Group C) were assigned to the "Viewed Some" group if they reported viewing Feeling Good on either Waves II or III, otherwise they were assigned to the "Non-Viewer" groups.

2) Season B programs; if an Induced Viewer gave the correct response to the program-specific knowledge item, then she was assigned to the "Viewer" group for that particular program, otherwise she was assigned to the "Non-Viewer" group; Induced Non-Viewers and Non-Induced Non-Viewers were assigned to "Uncertain Viewer" groups for all of the Season B programs if they reported viewing Feeling Good on Wave IV, otherwise they were assigned to the "Non-Viewer" groups.

3) Overall: Induced Viewers were assigned to the "High Viewer" group if they gave five or more correct responses to the knowledge items on Waves III and IV, otherwise they were assigned to the "Low Viewer" group; Induced Non-Viewers and Non-Induced Non-Viewers were assigned to the "Viewed Some" group if they reported viewing Feeling Good on either Waves II, III, or IV, otherwise they were assigned to the "Non-Viewer" group.

The Induced Non-Viewer and Non-Induced Non-Viewer "Viewed Some" groups were excluded from the analysis of the impact of Season A. These two groups were set aside because their N's (4 and 11, respectively) were too small to allow for reliable estimation of the impact of their viewing. In the analysis of the Season B programs, the Induced Non-Viewer and Non-Induced Non-Viewer "Uncertain Viewer" groups were excluded because it was not clear what impact the program would have on respondents in these groups. That is, we assumed that they viewed at least one of the Season B programs, but we did not know exactly which program or programs. For the Overall analysis, however, both of the viewing groups for the Induced Non-Viewers and Non-Induced Non-Viewers were included because the N's were relatively large and it was reasonable to expect that respondents in the "Viewed Some" groups would differ significantly on the selected impact measures from the respondents in the "Non-Viewer" groups. The viewing treatment groups established for the analysis of each cluster of Feeling Good programs are summarized in Figure 3.2.

| Season A | | Season B | | Overall | |
|---|---|---|---|---|---|
| Induced Viewer (A) | High Viewer<br>Low Viewer | Induced Viewer (A) | Viewer<br>Non-Viewer | Induced Viewer (A) | High Viewer<br>Low Viewer |
| Induced Non-Viewer (B) | Non-Viewer | Induced Non-Viewer (B) | Non-Viewer | Induced Non-Viewer (B) | Viewed Some<br>Non-Viewer |
| Non-Induced Non-Viewer (C) | Non-Viewer | Non-Induced Non-Viewer (C) | Non-Viewer | Non-Induced Non-Viewer (C) | Viewed Some<br>Non-Viewer |

Fig. 3.2.--Viewing Treatment Groups for the Analysis of Feeling Good Impact Measures

Even though most of the statements and interpretations about the impact of Feeling Good are based on data aggregated across subgroups, we have presented data from each subgroup within the viewing treatment groups in all of the analyses in this chapter for three reasons. First, to facilitate the examination of measurement effects that might have occurred as a result of repeated interviewing. Second, since not all of the subgroups were interviewed on all waves, differences in baseline and post-test measures within a viewing treatment group could be a result of the inclusion of different respondents in that group. Presentation of the data by subgroup allows for scrutiny of the effects of changes in group composition.

Third, the specification of a time frame in the questions about behavior ("Since we last talked with you . . ." for Waves II and III, and "Since March 1st . . ." for Wave IV) requires an examination of the effects of variation in the elapsed time between interview points for the different subgroups. Since most of the subgroups were not interviewed on all waves, the average time period in question for a particular subgroup of respondents may have ranged from about twenty-four to over one hundred days. Because there was more opportunity for a particular behavior to occur during a longer elapsed time period, examination of the effects of this variation in elapsed time between interview points on the reports of behavioral changes are important in the interpretation of the impact of Feeling Good on behavior. The differences in the average elapsed time for the subgroups are presented in Tables 3.1 and 3.2. The elapsed time for Season A (Table 3.1) is the time between interview points. The elapsed time for the Season B programs (Table 3.2) refers to the average number of days between March 1 and the date of the Wave IV interview. We have included in these tables only those elapsed times that are relevant for the analysis of the behavioral impact measures. The data on elapsed times for the Season A viewing groups show that even though there is some variation within each elapsed time period, the length of elapsed time is not substantially different for any particular subgroup. The important point to note about these data, however, is that since the A1 and B1 subgroups were interviewed during Wave II, the time periods in question on the behavior items for the Wave III interview are markedly less for these two subgroups than for the A2, A4, B3 and C2 subgroups (72 versus 100 days) which were not interviewed on Wave II. Consequently, regardless of viewing experiences, we would expect different proportions of reports of behavior changes in Wave III between these two clusters of subgroups. For the Season B programs, because all of the subgroups were interviewed on Wave IV, and the time period referred to was "Since March 1 . . .," we would not expect substantial variation in the elapsed times. The data

## TABLE 3.1

## AVERAGE ELAPSED TIME BETWEEN INTERVIEW WAVES

| Viewing Group | | Sub-group | N | Season A | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Waves I to III | | Waves I to II | | Waves II to III | |
| | | | | $\bar{X}$ | S.D. | $\bar{X}$ | S.D. | $\bar{X}$ | S.D. |
| Induced Viewer (A) | High Viewer | A1 | 46 | 102.5 | 10.0 | 30.3 | 8.6 | 72.2 | 5.5 |
| | | A2 | 10 | 107.1 | 5.5 | | | | |
| | | A4[a] | 10 | 102.3 | 4.7 | | | | |
| | | Total | 66 | 103.2 | 8.9 | 30.3 | 8.6 | 72.2 | 5.5 |
| | Low Viewer | A1 | 63 | 105.8 | 11.6 | 32.2 | 10.1 | 73.6 | 6.5 |
| | | A2 | 19 | 105.7 | 11.1 | | | | |
| | | A4[a] | 15 | 104.2 | 4.9 | | | | |
| | | Total | 97 | 105.5 | 10.7 | 32.2 | 10.1 | 73.6 | 6.5 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 97.0 | 6.1 | 24.8 | 5.2 | 72.3 | 3.8 |
| | | B3[a] | 22 | 103.9 | 5.9 | | | | |
| | | Total | 46 | 100.3 | 6.9 | 24.8 | 5.2 | 72.3 | 3.8 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 96.0 | 7.1 | | | | |
| | | C2[a] | 20 | 90.5 | 2.9 | | | | |
| | | Total | 85 | 94.7 | 6.8 | | | | |

[a] Since subgroups A4, B3, and C2 did not participate in the personal interview portion of Wave I, we were unable to obtain information about the date of their initial screening. Hence, we imputed the Wave I to III time period values for these subgroups by assigning them the median of Wave I dates for the other subgroups in their respective originally assigned treatment groups. This procedure probably resulted in deflated estimates of the S.D.'s. The effect on the $\bar{X}$'s, however, was probably minimal.

TABLE 3.2

AVERAGE ELAPSED TIME BETWEEN MARCH 1st AND WAVE IV INTERVIEW DATE

(in days)

| Viewing Group | | Sub-group | Program # 2 (Alcoholism) | | | Program # 3 (Heart Attack) | | | Program # 4 (Vision) | | | Program # 5 (Breast Cancer) | | | Program # 6 (Stress) | | | Program # 7 (Doctor/Patient Communication) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | $\bar{X}$ | S.D. | N | $\bar{X}$ | S.D. | N | $\bar{X}$ | S.D. | N | $\bar{X}$ | S.D. | N | $\bar{X}$ | S.D. | N | $\bar{X}$ | S.D. | N |
| Induced Viewer (A) | Viewer | A1 | 96.5 | 5.8 | (31) | 95.0 | 4.7 | (20) | 93.5 | 2.9 | (20) | 96.7 | 5.3 | (46) | 95.5 | 5.1 | (26) | 93.4 | 3.7 | (7) |
| | | A2 | 95.9 | 4.7 | (10) | 92.8 | 3.1 | (4) | 92.8 | 2.5 | (6) | 94.3 | 3.4 | (12) | 95.1 | 3.3 | (9) | 90.5 | 0.7 | (2) |
| | | A3 | 95.9 | 4.9 | (26) | 96.9 | 4.5 | (19) | 95.6 | 4.6 | (16) | 96.0 | 4.9 | (25) | 97.7 | 3.1 | (23) | 97.0 | 4.0 | (9) |
| | | A4 | 96.7 | 5.0 | (11) | 100.0 | 3.3 | (5) | 95.6 | 3.7 | (8) | 97.9 | 7.3 | (8) | 98.2 | 5.5 | (5) | 93.0 | 1.4 | (2) |
| | | Total | 96.2 | 5.2 | (78) | 96.1 | 4.6 | (48) | 94.4 | 3.7 | (50) | 96.3 | 5.2 | (91) | 96.4 | 4.3 | (63) | 94.7 | 4.1 | (20) |
| | Non-Viewer | A1 | 96.6 | 5.0 | (78) | 96.9 | 5.3 | (89) | 97.3 | 5.4 | (89) | 96.5 | 5.2 | (63) | 96.9 | 5.2 | (83) | 96.8 | 5.3 | (102) |
| | | A2 | 96.1 | 4.9 | (19) | 96.5 | 4.8 | (25) | 96.8 | 4.9 | (23) | 97.2 | 5.2 | (17) | 96.4 | 5.3 | (20) | 96.4 | 4.7 | (27) |
| | | A3 | 97.8 | 4.9 | (48) | 97.2 | 5.1 | (55) | 97.5 | 5.0 | (58) | 97.7 | 4.9 | (49) | 96.8 | 5.6 | (51) | 97.1 | 5.1 | (65) |
| | | A4 | 98.8 | 5.9 | (14) | 97.4 | 5.9 | (20) | 98.9 | 6.0 | (17) | 97.9 | 4.7 | (17) | 97.8 | 5.6 | (20) | 98.3 | 5.5 | (23) |
| | | Total | 97.1 | 5.1 | (159) | 97.0 | 5.2 | (189) | 97.4 | 5.2 | (187) | 97.1 | 5.1 | (146) | 96.9 | 5.4 | (174) | 97.0 | 5.2 | (217) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 97.7 | 5.2 | (20) | | | | | | | | | | | | | | | |
| | | B2 | 100.3 | 5.4 | (64) | | | | | | | | | | | | | | | |
| | | B3 | 99.9 | 5.3 | (19) | | | | | | | | | | | | | | | |
| | | Total | 99.8 | 5.4 | (103) | | | | | | | | | | | | | | | |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 102.7 | 4.4 | (66) | | | | | | | | | | | | | | | |
| | | C2 | 100.3 | 6.4 | (18) | | | | | | | | | | | | | | | |
| | | Total | 102.2 | 5.0 | (84) | | | | | | | | | | | | | | | |

displayed in Table 3.2 indicate that in fact there is not substantial variation in elapsed time among the viewing groups for each of the Season B programs.

Two additional points about the measurement of the behavioral impact of Feeling Good should be emphasized. First, we expect differences in the total distributions of responses to the behavior questions across waves because of the differences in the elapsed time between Waves I and II, II and III, and between March 1 and Wave IV. Data in Tables 3.1 and 3.2 indicate that the average elapsed time for these periods are approximately 28 days, 73 days, and 95 days, respectively. Therefore, disregarding viewing effects, we would expect for all groups the largest proportion of reported behavior changes to be on Wave IV and the smallest proportions to be on Wave II.

Second, the phrase "Since March 1 . . ." in the behavior questions on Wave IV adds complexity to the interpretation of the behavioral impact of the Season B programs. That is, a straightforward causal analysis of the attribution of program impact requires, of course, that the screening of the program precede the reported behavior changes. Unfortunately, the three Season B programs for which behavioral impact was measured--heart attack, vision, and breast cancer--were initially broadcast on April 20, April 27, and May 4, respectively. Hence, it is possible that respondents reported behavioral changes that occurred after March 1 but before the relevant Feeling Good program was broadcast. Consequently, the data presented in the analysis of the behavioral impact of the Season B programs may be an overestimate of the amount of change that can be attributed to the particular Season B program.[1]

The four major impact areas in the analysis of the effects of Feeling Good were knowledge, attitudes, behavior, and doctor/patient communication. As mentioned in Chapter I, several themes within each of these areas were presented in the programs and also measured by questions in the interviews. The organization of the analysis of these themes is somewhat different for each of the three clusters of programs.

The discussion of the effects of viewing Season A is divided into three parts: knowledge and attitudes; behavior; and doctor/patient communication. The major aim of the Season A programs was the promotion of positive behavioral changes, and, hence, a majority of the outcome variables in this analysis are in the behavioral area. For the analysis of Season B programs the four impact areas are aggregated by specific health topics corresponding to the central theme of each program. The major goal of the Season B programs was knowledge and attitudinal impact, and, accordingly, the majority of outcome measures analyzed are in these two domains. Analysis of the overall impact is divided into three parts: attitudes toward one's own ability to influence one's health; general interest in health information; and influence on other people's health-related behavior. The distribution of tables presenting data on outcome measures in the impact areas for the three clusters of programs is displayed in Figure 3.3.

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[1] One possible solution to this problem would have been to develop questions that asked about the time period between the screening and interview dates. Unfortunately, this strategy was not practical since the schedule of screening dates for the Season B Feeling Good programs was not finally set in time to allow for this variation in question wording in the Wave IV questionnaire. Even if it were possible to have incorporated the variation in time frame, there is a strong likelihood that the respondents would have been confused about the different time periods, or unable to distinguish between behavior that occurred during, before, or after a particular period.

| | Season A | Season B Programs | Overall |
|---|---|---|---|
| Knowledge and Attitudes | Tables 3.3 to 3.8 | Tables 3.20, 3.22, 3.23, 3.24 3.27, 3.28 | Table 3.30 |
| Behavior | Tables 3.9 to 3.18 | Tables 3.21, 3.25, 3.29 | Tables 3.31, 3.32 |
| Doctor/Patient Communication | Table 3.19 | Table 3.26 | |

Fig. 3.3.--Analysis of Programs by Impact Areas

To examine the impact of the series on the outcome measures we have selected univariate contrasts between the viewing groups for each individual variable. Though a multivariate analysis of change scores might prove to be appropriate and informative for other panel studies, we thought that the kinds of questions under scrutiny here and the nature of the data did not require such an analysis. First, we were not concerned with analyzing a set of linear combinations of variables that would best distinguish among the viewing groups. Rather, the question was which variables would prove to be sensitive to program impact, not one of classification or selection of variables that best discriminate the treatment groups. Second we were not interested in the interrelationships among the outcome measures, and therefore the correlated results that occur from the use of univariate contrasts are not problematic to our interpretation of the effects of viewing.

Third, we did not use change scores because the central focus of our analysis was the examination of differences among the viewing groups on impact measures, adjusting for baseline differences. This type of analysis did not require the estimation of change scores, but necessitated the statistical control of differences in baseline (pretest) measures. The procedures for this kind of adjustment are quite complex and usually require large samples for the reliable estimation of the control parameters.[2] Fortunately, there were only a few instances of significant baseline differences. As mentioned previously in Chapter II, only 10 of the 70 baseline measures indicated significant differences, and less than 10 per cent of the 140 baseline comparisons among the viewing groups showed significant differences. Therefore, baseline differences have almost no effect on the interpretation of the post-test differences among the impact measures. Consequently, instead of attempting to estimate control parameters for baseline differences, we have juxtaposed those items that are similar across the waves and examined the univariate distribution of responses to these items. Hence, any statements about the differences in the impact measures can be made within the context of an examination of the distributions for the baseline measures.

To assess the viewing effects for Season A and the Season B programs we have constructed two types of uni-directional contrasts: (1) "A High Viewer" ("A Viewer") versus "A Low Viewer" ("A Non-Viewer") and (2) "A High Viewer" ("A Viewer") versus "B Non-Viewer." If both contrasts are significant, then there is strong evidence for an effect; if only one is significant, then there would be only partial evidence of an effect; if neither of the contrasts are significant, then there is no evidence of an effect. For the Overall analysis, in addition to the "A High Viewer" versus "A Low Viewer" and the "A High Viewer" versus "B Non-Viewer" contrasts, the viewing effect is also analyzed in two other contrasts: (1) "B Viewed Some" versus

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[2] For example, see Harris (1963), Cronbach and Furby (1970), and Murray (1971).

"B Non-Viewer" and (2) "C Viewed Some" versus "C Non-Viewer." If three or four of the four Overall contrasts are significant in the expected direction, we assume there is strong evidence for an Overall effect; if one or two are significant, there is only partial evidence for an Overall effect; and no significant contrasts indicate the absence of an effect. If only three contrasts are computable for the Overall impact, then two or three significant contrasts yield strong evidence, one significant contrast gives partial evidence, and no significant contrasts constitute no evidence.

Logically, of course, it was possible for reversals to occur; that is, significant differences in the unexpected direction. In fact, however, there were only a few instances of reversals in the contrasts that we examined for evidence of a viewing effect.

In addition to the viewing effects, we have also tested for significant inducement effects. These effects were measured throughout by the single contrast of the "B Non-Viewer" versus "C Non-Viewer." In the over 100 tests for an inducement effect, however, we found evidence for less than five per cent significant contrasts or significant reversals. Inducement effects, therefore did not have any influence on our interpretations of the impact of Feeling Good.

To compute estimates of the significance of the contrasts on the selected outcome measures we used a simple test of differences between the independent proportions of a given response. The only complexity in these tests was the computation of a pooled estimate of the standard error. This procedure was necessary because the N's for the viewing treatment groups were consistently different. The estimation of the significance of the contrasts thus followed four basic steps. The first was the computation of the pooled proportion, $P_c$:

$$P_c = \frac{(N_1)\ P_1 + (N_2)\ P_2}{N_1 + N_2} \tag{1}$$

where $N_1$ = Sample size for group 1,

$N_2$ = Sample size for group 2,

$P_1$ = Proportion of responses for group 1,

$P_2$ = Proportion of responses for group 2.

Second, a pooled estimate of the standard error of the differences was calculated:

$$S.E._{P_c} = \sqrt{P_c q_c (1/N_1 + 1/N_2)} \tag{2}$$

where $q_c = 1 - P_c$.

Third, we computed a $Z$, interpretable as a unit normal curve deviate, by dividing the observed difference by the pooled standard error:

$$Z = \frac{P_1 - P_2}{S.E._{P_{(c)}}} \tag{3}$$

If the $P_{(c)}$ was extreme or the N's were small, a correction for continuity was necessary. "The rule-of-thumb is that when $P_c$ or $q_c$ (whichever is smaller) times $N_1$ or $N_2$ (whichever is smallest) is between 5 and 10, a correction for continuity should be incorporated. This may be done by reducing the numerical (absolute) value of the difference, $P_1 - P_2$, by the quantity $1/2\ (1/N_1 + 1/N_2)$" (McNemar, 1969:62-63).

The final step in determining the significance level of a contrast was obtaining values from a table of normal curve functions for the area under the curve for each estimated $Z$ score. Since our contrasts were one-tailed--that is, we expected only uni-directional differences--the values of Z needed to reach P-levels of .05, .01, and .001, are 1.64, 2.33, and 3.09, respectively. (P-level refers to the probability of concluding that there was a real difference when in fact there was no difference--this error in hypothesis testing is commonly known as a Type I error.)[3]

The level of significance for each contrast on a particular variable is indicated by the number of asterisks after the second group in a particular contrast; the absence of asterisks indicates non-significance, one asterisk indicates $P \leq .05$, two asterisks indicate $P \leq .01$, and three asterisks indicate $P \leq .001$. Thus, for the contrasts in Season A and Season B programs, significant viewing effects are indicated by asterisks at the percentages for the "A Low Viewer" ("A Non-Viewer") group and the "B Non-Viewer" group. For the overall impact, significant viewing effects are shown by the asterisks at the percentages for the "A Low Viewer," "B Non-Viewer," and "C Non-Viewer" groups. Recall that in the analysis of the Overall impact the "B Non-Viewer" group is involved in two viewing contrasts: one with the "A High Viewer" group and the other with the "B Viewed Some" group. Similarly, the "C Non-Viewer" group is also involved in two contrasts in the Overall analysis, one with the "B Non-Viewers" to test an inducement effect, and the other with the "C Viewed Some" group to test a viewing effect. Hence instead of using asterisks for the contrasts of

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[3] The three P-levels chosen for this analysis are standard Pearsonian criteria used throughout the research literature to assess the significance of findings. An alternative to using these criteria for determining the significance of the viewing effects would entail a rationale based on a Bayesian analysis. That is, given prior odds (information) about the impact of Feeling Good, we could have possibly used a more liberal test of the significance of the viewing effects. Although a Bayesian analysis of the data might have proven to be interesting and also provided a set of results that would differ from those obtained through the standard analysis, we did not attempt such an analysis because there was not sufficient information available to properly establish prior expectations about the data.

"B Viewed Some" versus "B Non-Viewer" and "C Viewed Some" versus "C Non-Viewer," we shall indicate significant differences for these contrasts by "+'s."

Before proceeding with the analysis of the effects of viewing Feeling Good, two additional points should be emphasized about the interpretation of the impact of the programs. The first is a general point about the influence of ceiling and floor effects on the data. "Ceiling Effects" and "Floor Effects" refer to the situation where there is almost no variation on a particular variable because a large majority of the respondents gave the same answers to a question or set of questions developed to measure that variable. These effects occur for two reasons: (1) in fact, there is no real variation in the sample on the variable (e.g., almost all of the respondents have had Pap smear tests); and (2) the items constructed to measure the variable are poorly designed and do not adequately discriminate individuals. Although some instances of ceiling and floor effects in variables are easily attributable to a specific cause, overall, it is generally difficult to ascertain which reason was responsible for the skewed distribution of responses to such questions. Ceiling effects are particularly troublesome in the evaluation of Feeling Good. For example, even though many of the respondents may have been exposed to program content on a specific behavioral topic--such as Pap smear tests--it would be impossible to detect a behavioral impact if all the women were already getting regular Pap smear tests. The second point concerns the number of statistics estimated in the analysis. In the following examination of the impact measures we have investigated the effects of viewing on over 100 items and have tested over 200 contrasts (differences among viewing groups). Therefore, from a probabilistic perspective, just by chance, we would expect a certain number of statistically significant results. This point will be discussed in further detail in the summary of each analysis section, but it is important to emphasize here that there will be difficulty in attributing significant results to viewing effects, unless the number of significant contrasts is greater than that expected by chance.

## Season A

In the following analysis of the impact of Season A we have organized the discussion around the general themes outlined in Chapter I that are relevant to the content of Season A--health knowledge and attitudes, health-related behavior, and doctor/patient communication. Two waves of interviews occurred after the commencement of Season A: Wave II interviewing was done after the first three programs had been broadcast; Wave III was administered after all of the eleven programs in Season A were screened. Thus, items from these two waves provide the data for the measurement of the impact of Season A. We would expect to obtain more significant findings in the Wave III measures not only because there were more outcome measures but also because, obviously, there was greater opportunity for exposure to the Season A programs. In addition to the data for items from these two waves, the tables for Season A include comparable data for the Wave I items. The Wave I items were added to allow for statements about baseline differences among the viewing groups. In fact, however, as mentioned previously in Chapter II, only four Wave I items showed significant differences among the viewing groups.

## Knowledge and Attitudes

1. General Health. Major segments of the Season A programs provided health-related information that, if acted upon at the appropriate time or communicated to others, could improve the health of the population. The magazine format of the Season A programs lent itself well to providing information about a wide range of topics. In this analysis, we could only attempt to pick up a few selected items to see if the messages got through. Table 3.3 presents the data for seven general information items from the Wave II and III questionnaires that dealt with information contained in the Season A programs. The items cover a wide spectrum of issues--from cooking to alcoholism. The items were all phrased as statements to which the respondent was asked to agree (yes) or disagree (no). The first item was: "A person who goes to a psychologist or psychiatrist to help solve his problems is basically a weak person." The data on this item, show partial evidence of an impact: the "A High Viewers" are significantly more likely to give the correct response (no) than the "A Low Viewers." The second item exhibits strong evidence of an impact: "Much of the work a doctor does can be done by specially trained personnel who are not doctors," is agreed to by significantly more "A High Viewers" than by either "A Low Viewers" or "B Non-Viewers." The third item, "It takes less time to steam vegetables than to boil them," shows partial evidence of a viewing effect, a higher percentage of "A High Viewers" agreed to this item than did "B Non-Viewers." Two items in Wave III asked about eating. "It is good for your health to eat the skin of turkey or chicken," and "It doesn't really matter what you eat. If you're going to be healthy, you'll be healthy anyway." The first item displayed strong evidence of an impact: A significantly larger percentage of "A High Viewers"

disagreed with this item than did either "A Low Viewers" or "B Non-Viewers." The second item displays partial evidence of a viewing effect, the "A High Viewers" were significantly more likely to disagree with this item than the "A Low Viewers."

The last two items shown in Table 3.3--"Alcoholism is easier to treat in its later stages when symptoms are more definite," and "If someone with a drinking problem asks a close relative for money to pay bills, the relative should give him the money"--tapped information presented in the programs about alcoholism. Only the first item showed a significant difference among the viewing groups. A larger percentage of the "A High Viewers" disagreed with this item than did either the "A Low Viewers," or the "B Non-viewers," and, hence, there is strong evidence for an impact.

In summary, the data on these information items show that there is evidence on six measures that the programs had some effect on those who viewed them.

2. Cancer. Information campaigns designed to alert the public to early signs of cancer have been widespread for many years. The publicity attending the operations for breast cancer of Mrs. Ford and Mrs. Rockefeller have given renewed emphasis to information about this particular form of cancer. We might expect then that there would be widespread knowledge about cancer, measures of detection, and the probabilities of cures with early detection. In line with the reasoning mentioned above regarding well-known facts, we should not be surprised that there are no program effects for the cancer information items (Table 3.4). Only a very few women think that "The Pap smear is a pregnancy test," and almost all of the respondents agree that "All women, regardless of their age or number of children, should have a Pap smear test." A large majority of the respondents also thought that

### TABLE 3.3

### SEASON A--GENERAL HEALTH: KNOWLEDGE AND ATTITUDES

(Per Cent)

| Viewing Group | | Sub-group | N | Weak People Go to Psychologist (No--Wave II) | Para-Medical Personnel Can Do a Lot (Yes--Wave II) | Less Time to Steam than Boil Vegetables (Yes--Wave II) | Good to Eat Turkey or Chicken Skin (No--Wave III) | Doesn't Matter What You Eat (No--Wave III) | Advanced Alcoholism Easier to Treat (No--Wave III) | Relative Give Money to Someone with Drinking Problem (No--Wave III) |
|---|---|---|---|---|---|---|---|---|---|---|
| Induced Viewer (A) | High | A1 | 46 | 78 | 52 | 76 | 78 | 96 | 87 | 72 |
| | | A2 | 10 | | | | 70 | 100 | 90 | 100 |
| | | A4 | 10 | | | | 80 | 100 | 80 | 80 |
| | | Total | 66 | 78(46) | 52(46) | 76(46) | 77 | 97 | 86 | 77 |
| | Low | A1 | 67 | 58 | 35 | 65 | 59 | 84 | 78 | 83 |
| | | A2 | 19 | | | | 47 | 95 | 79 | 74 |
| | | A4 | 15 | | | | 47 | 93 | 60 | 93 |
| | | Total | 97 | 58(63)* | 35(63)* | 65(63) | 55** | 88* | 75* | 83 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 75 | 25 | 46 | 46 | 100 | 71 | 75 |
| | | B3 | 22 | | | | 64 | 86 | 68 | 73 |
| | | Total | 46 | 75(24) | 25(24)* | 46(24)* | 54** | 94 | 70* | 74 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 64 | | | | 77 | 88 | 66 | 88 |
| | | C2 | 20 | | | | 40 | 70 | 55 | 80 |
| | | Total | 84 | | | | 70 | 84 | 63 | 86 |

the chance of recovery is "very good" if breast cancer is detected early. Somewhat surprisingly, women in the "A Low Viewer" group were less likely, although not significantly, to say that the chances of recovery were "very good," but practically no one in any group thought that the chances were "poor" (refer to the marginal distribution of responses for this item in the Appendix).

3. Heart Attack. Much the same comments can be made about information relevant to heart attacks as about the cancer items. The information campaigns about the causes and prevention of heart attacks appear to have been widely effective, even among a relatively low-income and low-education sample such as we interviewed in this study. The data for a substantial number of items in Wave II and Wave III (Tables 3.5 and 3.6) indicate that there is widespread knowledge about the relation of exercise, cigarette smoking, overweight, and cholesterol to heart attacks. Although the absolute level of knowledge varies some from item to item, the facts are known by a large majority of the respondents across all of the groups for almost all of the items. Thus, there is relatively little room for program effects to occur.

There are, however, six items that do show evidence of viewing effects. First, "A High Viewers" were significantly more likely than "B Non-Viewers" to agree that eggs have high cholesterol. Second, apparently, it is not well known that margarine contains less cholesterol than butter, and there is strong evidence that the programs may have carried this message to their viewers. The "A Low Viewers" and "B Non-Viewers" were both significantly lower than the "A High Viewers" in knowing that margarine contains less cholesterol than butter. There is also strong evidence that the programs had an impact on two other information items about heart attacks. "Not much can be done outside a hospital for a person who has a heart attack," and

## TABLE 3.4

### SEASON A--CANCER: KNOWLEDGE AND ATTITUDES

(Per Cent)

| Viewing Group | | Sub-group | N | Pap Smear Is For (Cancer--Wave I) | Pap Smear Is For Pregnancy (No--Wave III) | Women Should Have Pap Smear At Least Every Two Years (Wave I) | All Women Should Have Pap Smear (Yes--Wave III) | Chances of Recovery from Early Detection of Uterine Cancer (Very Good--Wave I) | Chances of Recovery from Early Detection of Breast Cancer (Very Good) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Wave I | Wave II |
| Induced Viewer (A) | High | A1 | 46 | 100 | 91 | 100 | 98 | 74 | 83 | 89 |
| | | A2 | 10 | 90 | 90 | 90 | 100 | 90 | 90 | |
| | | A4 | 10 | | 90 | | 100 | | | |
| | | Total | 66 | 98(56) | 91 | 98(56) | 99 | 75(56) | 84(56) | 89(46) |
| | Low | A1 | 63 | 79 | 84 | 100 | 97 | 70 | 78 | 78 |
| | | A2 | 19 | 90 | 83 | 100 | 95 | 63 | 79 | |
| | | A4 | 15 | | 87 | | 100 | | | |
| | | Total | 97 | 82(82)** | 84 | 100(82) | 97 | 68(82) | 78(82) | 78(63) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 79 | 91 | 100 | 88 | 75 | 83 | 88 |
| | | B3 | 22 | | 91 | | 96 | | | |
| | | Total | 46 | 79(24)** | 91 | 100(24) | 91 | 75(24) | 83(24) | 88(24) |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 95 | 88 | 100 | 95 | 71 | 74 | |
| | | C2 | 20 | | 95 | | 95 | | | |
| | | Total | 85 | 95(65) | 89 | 100(65) | 95 | 71(65) | 74(65) | |

"Besides watching your diet, there's not much you can do to prevent heart attacks." A significantly larger percentage of "A High Viewers" disagreed with both of these items than did either the "A Low Viewers" or the "B Non-Viewers."[4] The last two items that showed evidence of viewing effects are "People who exercise regularly have fewer heart attacks" (Yes), and "Heart disease runs in families" (Yes). Both of these items display partial evidence: in the first item the percentage of "A High Viewers" giving the correct response is significantly greater than the "A Low Viewers," and in the second item, the percentage of "A High Viewers" is significantly greater than the "B Non-Viewers."

It also seems less well know that "The effects of cigarette smoking on the body can be reversed when the person quits smoking." This message apparently did not get across to the viewers, however, as there are no significant differences between the viewing groups.

4. Dental Care. Two items measured knowledge and attitudes toward dental health care. One was an item on both Waves II and III: "Since we last interviewed you, have you, or anyone else living with you, used a disclosing tablet or not?" The other was an item on Wave III, "Even if you see a dentist regularly and take care of your teeth, you cannot expect them to last a lifetime." Data presented in Table 3.7 show that the percentages of correct responses to these two items are relatively small and that there is no evidence of a viewing effect. The differences among the viewing groups are in the expected direction--a lower percentage of "High Viewers" don't know

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[4] Note also that on the item: "Besides watching your diet. . ." there is a significant reversal of the inducement contrast: the percentage of "C Non-Viewers" is significantly greater than the "B Non-Viewers." This finding is probably due to chance, however, since most of the other Season A inducement contrasts are not significant in either direction.

## TABLE 3.5

### SEASON A--HEART ATTACK: KNOWLEDGE AND ATTITUDES ABOUT CHOLESTEROL AND BLOOD PRESSURE

(Per Cent)

| Viewing Group | | Sub-group | N | Eggs Have High Cholesterol (Yes) | | Green Vegetables --Lots of Cholesterol (No--Wave III) | Margarine More Cholesterol Than Butter (No--Wave III) | OK to Eat High Cholesterol Food (No--Wave III) | Can Have High Blood Pressure and Not Know It (Yes) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave II | Wave III | | | | Wave I | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 46 | 83 | 91 | 78 | 70 | 87 | 98 | 100 | 100 |
| | | A2 | 10 | | 90 | 80 | 80 | 90 | 100 | | 100 |
| | | A4 | 10 | | 90 | 90 | 90 | 90 | | | 100 |
| | | Total | 66 | 83(46) | 91 | 80 | 74 | 88 | 98(56) | 100(46) | 100 |
| | Low | A1 | 63 | 87 | 86 | 77 | 57 | 82 | 95 | 98 | 98 |
| | | A2 | 19 | | 84 | 78 | 56 | 72 | 90 | | 95 |
| | | A4 | 15 | | 80 | 64 | 43 | 79 | | | 100 |
| | | Total | 97 | 87(63) | 85 | 76 | $54^{**}$ | 80 | 94(82) | 98(63) | 98 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 75 | 75 | 71 | 52 | 67 | 92 | 96 | 100 |
| | | B3 | 22 | | 82 | 74 | 37 | 84 | | | 96 |
| | | Total | 46 | 75(24) | $78^{*}$ | 73 | $45^{***}$ | 75 | 92(24) | 96(24) | 98 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | | 86 | 80 | 39 | 64 | 95 | | 100 |
| | | C2 | 20 | | 60 | 63 | 47 | 74 | | | 100 |
| | | Total | 85 | | 80 | 76 | 41 | 66 | 95(65) | | 100 |

TABLE 3.6

SEASON A--HEART ATTACK: KNOWLEDGE AND ATTITUDES ABOUT
EXERCISE, SMOKING, HEREDITY AND FATALISM

(Per Cent)

| Viewing Group | | Sub-group | N | How Important To Exercise Regularly (Very Important) | | Regular Exercise, Fewer Heart Attacks (Yes) | | Use Calories or Gain Weight (Yes--Wave II) | Smoking--Heart Attack (Yes--Wave III) | Quit Smoking Reverses Effect (Yes--Wave III) | Heart Disease Run in Families (Yes--Wave III) | Not Much Outside Hospitals (No--Wave-III) | Besides Diet, Not Much to Prevent Heart Attack (No--Wave III) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave I | Wave II | Wave I | Wave II | | | | | | |
| Induced Viewer (A) | High | A1 | 46 | 98 | 89 | 74 | 91 | 63 | 91 | 46 | 96 | 72 | 85 |
| | | A2 | 10 | 90 | | 80 | | | 100 | 50 | 90 | 90 | 100 |
| | | A4 | 10 | | | | | | 90 | 80 | 80 | 60 | 80 |
| | | Total | 66 | 96(56) | 89(46) | 75(56) | 91(46) | 63(46) | 92 | 52 | 92 | 73 | 86 |
| | Low | A1 | 63 | 92 | 87 | 73 | 75 | 71 | 87 | 56 | 86 | 62 | 73 |
| | | A2 | 19 | 63 | | 63 | | | 95 | 53 | 90 | 42 | 79 |
| | | A4 | 15 | | | | | | 80 | 40 | 87 | 60 | 73 |
| | | Total | 97 | 85(82)$^*$ | 87(63) | 71(82) | 75(63)$^*$ | 71(63) | 88 | 53 | 87 | 58$^*$ | 74$^*$ |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 79 | 88 | 88 | 88 | 67 | 92 | 63 | 88 | 58 | 63 |
| | | B3 | 22 | | | | | | 96 | 50 | 64 | 50 | 50 |
| | | Total | 46 | 79(24) | 88(24) | 88(24) | 88(24) | 67(24) | 94 | 57 | 76$^*$ | 54$^*$ | 57$^{***}$ |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 92 | | 80 | | | 81 | 41 | 84 | 55 | 77 |
| | | C2 | 20 | | | | | | 90 | 60 | 90 | 55 | 80 |
| | | Total | 85 | 92(65) | | 80(65) | | | 83 | 45 | 86 | 55 | 78 |

## TABLE 3.7

## SEASON A--DENTAL CARE: KNOWLEDGE AND ATTITUDES

(Per Cent)

| Viewing Group | | Sub-group | N | Don't Know What Disclosing Tablet Is | | Even if See Dentist and Take Good Care, Teeth Won't Last Lifetime (No--Wave III) |
|---|---|---|---|---|---|---|
| | | | | Wave I | Wave II | |
| Induced Viewer (A) | High | A1 | 46 | 17 | 24 | 67 |
| | | A2 | 10 | 0 | | 60 |
| | | A4 | 10 | | | 60 |
| | | Total | 66 | 16 (56) | 24(46) | 65 |
| | Low | A1 | 63 | 24 | 38 | 59 |
| | | A2 | 19 | 21 | | 42 |
| | | A4 | 15 | | | 47 |
| | | Total | 97 | 23(82) | 38(63) | 54 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 25 | 29 | 50 |
| | | B3 | 23 | | | 50 |
| | | Total | 46 | 25(24) | 29(24) | 50 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 19 | | 42 |
| | | C2 | 20 | | | 45 |
| | | Total | 85 | 19(65) | | 43 |

what a disclosing tablet is, and a larger percentage of "A High Viewers" disagree with the Wave III item--but the differences are not statistically significant by our criteria.

5. Pregnancy and Children's Health. Six items on Waves II and III tapped information about pregnancy and children's health. The responses to these items are presented in Table 3.8. On all but one of the items the programs did not have a significant effect, apparently because most of the respondents knew the appropriate responses already. The only exception is a Wave II item, "Parents can always tell if their child has a hearing problem." There is partial evidence of impact on this measure: a larger percentage of "A High Viewers" disagreed with this item than did "A Low Viewers."

Summary. Overall, it would appear that much of the material in the Season A programs was already known to the residents of Oak Cliff. Even before the programs began, they were knowledgeable about the virtues of preventive health care, immunizations for children, prenatal care, major detection measures for cancer, and much of what is relevant to the prevention of heart attacks. Thus, for many items, there was little room for the programs to have an effect that could be measured by a verbal response. There are a few topics, however, about which the programs may have conveyed some information. Of the Season A information impact measures on Waves II and III, six displayed strong evidence of an impact (i.e., both viewing contrasts were significant), and seven indicated partial evidence of an impact. The six items that exhibited strong evidence are "Para-medical personnel can do a lot--yes"; "Good to eat turkey or chicken skin--no"; "Advanced alcoholism is easier to treat--no"; "Margarine contains more cholesterol than butter--no"; "Not much can be done outside a hospital for a person who has a heart attack--no"; and "Besides your diet, there's not much you can do to prevent

TABLE 3.8

SEASON A--PREGNANCY AND CHILDREN'S HEALTH: KNOWLEDGE AND ATTITUDES

(Per Cent)

| Viewing Group | | Sub-group | N | No Pre-Natal Care for Later Child (No) | | Don't Prepare Child for New Baby (No--Wave III) | Pregnant Women Eat Less Salt (Yes--Wave III) | Talk Baby Talk (No--Wave III) | Parent Can Always Tell If Child Has Hearing Problem (No--Wave II) | Child's Disease Not Serious Enough to Get Shots (No--Wave I) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave II | Wave III | | | | | |
| Induced Viewer (A) | High | A1 | 46 | 96 | 94 | 96 | 98 | 78 | 76 | 92(26) |
| | | A2 | 10 | | 90 | 100 | 100 | 80 | | 100 (2) |
| | | A4 | 10 | | 100 | 100 | 100 | 100 | | |
| | | Total | 66 | 96(46) | 94 | 97 | 99 | 82 | 76(46) | 93(28) |
| | Low | A1 | 63 | 95 | 92 | 87 | 94 | 69 | 46 | 94(32) |
| | | A2 | 19 | | 90 | 100 | 95 | 74 | | 86(14) |
| | | A4 | 15 | | 93 | 80 | 94 | 87 | | |
| | | Total | 97 | 95(63) | 92 | 89 | 94 | 73 | 46(63)*** | 91(46) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 96 | 92 | 92 | 92 | 75 | 63 | 92(13) |
| | | B3 | 22 | | 96 | 86 | 91 | 82 | | |
| | | Total | 46 | 96(24) | 94 | 89 | 91 | 78 | 63(24) | 92(13) |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | | 91 | 92 | 94 | 84 | | 84(31) |
| | | C2 | 20 | | 100 | 90 | 85 | 79 | | |
| | | Total | 85 | | 93 | 92 | 92 | 83 | | 84(31) |

heart attacks--no." The seven items that exhibited partial evidence of an impact are: "A person who goes to a psychologist or psychiatrist to help solve his problems is basically a weak person--no"; "It takes less to steam than to boil vegetables--yes"; "It doesn't matter what you eat--no"; "Eggs have high cholesterol--yes"; "People who exercise regularly have fewer heart attacks--yes"; "Heart diseases run in families--yes"; and "Parents can always tell if their child has a hearing problem--no." As expected, more of the significant findings (eight versus five) occur on the Wave III items than on the Wave II items. It should be added that there are some informational items that were not well known and that were not significantly impacted by the programs. Notable among these are the items concerning the use of disclosing tablets and the reversibility of smoking effects.

## Health-Related Behavior

1. General. Two questions were asked in both Waves II and III about behaviors related to general health care and diet. These questions were used to assess some general messages contained in various Season A programs. They asked whether the respondent had a routine physical check-up since the previous interview and whether the respondent had made any special effort to eat fruit. The responses to these questions are given in Table 3.9. Although the pattern of percentages suggest a viewing effect, there are no significant differences among the viewing groups on either Wave II or Wave III in their likelihood of having gone for a routine physical check-up since the last interview. All of the proportions are naturally higher on Wave III than on Wave II because nine weeks elapsed between Wave II and Wave III, as compared with six weeks between Wave I and Wave II. The absolute levels of the proportion of reported check-ups in Waves II and III were not unexpected since on Wave I a large proportion of the respondents (approximately 70 per

cent) reported that they usually get a routine physical at least each year if not more often, even before the programs began.

The data on eating fruit are more surprising and suggest that viewing the programs may have made people more sensitive to the kinds of foods they eat. On both Waves II and III, the "A High Viewers" were significantly more likely than the "B Non-Viewers" to report that they had made special efforts to eat more fruit. Since there is not a significant difference between the "A High Viewers" and the "A Low Viewers" on these items, we conclude that there is partial evidence of an impact.

It seems likely that viewing had some effect on the item about eating more fruit, but there is evidently also some effect from repeated measurement. Some of the increase in the reported special efforts to eat fruit since the last interview in Wave III may be due to the longer time period referred to; however, the increase in the proportions for both the "A Low Viewer" and "B Non-Viewer" groups who were interviewed on both waves, taken with the stability (slight increase) in the proportion so reporting among the "A High Viewers," strongly suggests that the repeated asking of this question may have clued some of the respondents to the correct answer and increased the proportion giving that answer. Some further evidence to support the notion of a measurement effect is seen by comparing Subgroup "B3 Non-Viewer," which was not interviewed on Wave II, with Subgroup "B1 Non-Viewer." When this is done, we find that 63 per cent of Subgroup B1 reported on Wave III that they had made special efforts to eat more fruit whereas only 41 per cent of those in Subgroup B3 so reported. Such a difference, though not significant by our criteria, does suggest some measurement effect.

Taking the data altogether, we would infer that a message about the importance of fruit in the diet was probably getting through to the viewers,

TABLE 3.9

SEASON A--GENERAL HEALTH BEHAVIOR

(Per Cent)

| Viewing Group | | Sub-group | N | Last Time Had Routine Check-up (Wave I) | | | | How Often Usually Get Check-up (Wave I) | | | Had Routine Check-up Since Last Interview | | Made Special Effort to Eat Fruit Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Less Than 3 Months Ago | Between 3 and 6 Months Ago | Between 6 Months and a Year ago | More Than a Year Ago | Every 3 Months | Every 6 Months | Every Year | Wave II | Wave III | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 46 | 22 | 17 | 22 | 20 | 4 | 15 | 54(39) | 15 | 35 | 70 | 74 |
| | | A2 | 10 | 10 | 10 | 10 | 50 | 0 | 10 | 50 (8) | | 0 | | 40 |
| | | A4 | 10 | | | | | | | | | 40 | | 80 |
| | | Total | 66 | 20 | 16 | 20 | 25(56) | 3 | 14 | 53(47) | 15(46) | 30 | 70(46) | 70 |
| | Low | A1 | 63 | 14 | 18 | 29 | 21 | 3 | 11 | 48 (52) | 11 | 24 | 66 | 83 |
| | | A2 | 19 | 21 | 26 | 32 | 0 | 5 | 32 | 26(15) | | 26 | | 79 |
| | | A4 | 15 | | | | | | | | | 20 | | 87 |
| | | Total | 97 | 16 | 20 | 29 | 16(82) | 3 | 20 | 43(67) | 11(63) | 24 | 66(63) | 83 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 13 | 13 | 21 | 29 | 0 | 11 | 50(18) | 4 | 17 | 42 | 63 |
| | | B3 | 22 | | | | | | | | | 23 | | 41 |
| | | Total | 46 | 13 | 13 | 21 | 29(24) | 0 | 11 | 50(18) | 4(24) | 20 | 42(24)* | 52* |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 14 | 17 | 26 | 20 | 0 | 8 | 68(50) | | 23 | | 64 |
| | | C2 | 20 | | | | | | | | | 25 | | 40 |
| | | Total | 85 | 14 | 17 | 26 | 20(65) | 0 | 8 | 68(50) | | 24 | | 58 |

though the presence of measurement effects militated against the chance of obtaining strong evidence of a viewing effect for this item.

2. Cancer. Three items appeared on both the Wave II and III questionnaires that relate to cancer detection procedures that should be of interest to women. Two of these questions concern going to a doctor for an examination--Pap smear and breast examination--and one concerns a self-examination procedure. References to these procedures and their importance appeared on several programs in Season A.

Looking at the first two items about doctor visits for examinations (Tables 3.10 and 3.11), we see a pattern of responses similar to that found above regarding visits for routine check-ups. The response proportions on both items are similar to the check-up proportions with regard to absolute levels on Wave II, and are also similar on Wave III among the subgroups. The similarity suggests that most respondents were referring to the same doctor's visit. For women, a routine check-up would generally include a breast examination and frequently a Pap smear. Analogous to the findings for the routine physical check-up data, the results on the Pap smear examinations and breast examinations indicate no evidence of a viewing effect.

The question about self-examination of breasts is a more interesting one for examining the potential effects of the programs. As we noted earlier, most women were already aware of the importance of early detection procedures such as Pap smears and doctor's examination of breasts for lumps, but it is possible that fewer knew much about self-examination procedures. Thus, information about self-examination procedures, and particularly instruction about techniques for doing the examination, might be an important contribution of the Feeling Good programs.

## TABLE 3.10

## SEASON A--CANCER DETECTION RELATED BEHAVIOR: PAP SMEAR TEST

(Per Cent)

| Viewing Group | | Sub-group | N | Ever Had a Pap Smear Test (Yes--Wave I) | Last Time Had Pap Smear (Wave I) | | | | How Often Usually Get Pap Smear (Wave I) | | | | Had Pap Smear Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Within Last 3 Months | 3 - 6 Months Ago | 6 Months to 1 Year | More Than 1 Year | Every 3 Months | Every 6 Months | Every Year | Less Often Than Year | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 46 | 98 | 15 | 15 | 33 | 37 | 2 | 12 | 69 | 17 | 11 | 33 |
| | | A2 | 10 | 90 | 20 | 10 | 10 | 60 | 0 | 22 | 56 | 22 | | 30 |
| | | A4 | 10 | | | | | | | | | | | 30 |
| | | Total | 66 | 96(56) | 16 | 14 | 29 | 41(56) | 2 | 14 | 67 | 18(56) | 11(46) | 32 |
| | Low | A1 | 63 | 86 | 15 | 24 | 35 | 26(54) | 0 | 31 | 52 | 15(54) | 10 | 22 |
| | | A2 | 19 | 100 | 17 | 17 | 44 | 22 | 6 | 17 | 61 | 17 | | 28 |
| | | A4 | 15 | | | | | | | | | | | 33 |
| | | Total | 97 | 89(82) | 15 | 22 | 38 | 25(73)* | 1 | 28 | 55 | 16(73) | 10(63) | 25 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 100(22) | 23 | 23 | 27 | 27(22) | 0 | 5 | 77 | 18(22) | 4 | 21 |
| | | B3 | 22 | | | | | | | | | | | 23 |
| | | Total | 46 | 100(22) | 23 | 23 | 27 | 27(22) | 0 | 5 | 77 | 18(22) | 4(24) | 22 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 95 | 11 | 25 | 26 | 38(62) | 2 | 9 | 60 | 28(58) | | 22 |
| | | C2 | 20 | | | | | | | | | | | 45 |
| | | Total | 85 | 95(65) | 11 | 25 | 26 | 38(62) | 2 | 9 | 60 | 28(58) | | 27 |

TABLE 3.11

SEASON A--CANCER DETECTION RELATED BEHAVIOR:
EXAMINATION OF BREASTS BY DOCTOR

(Per Cent)

| Viewing Group | | Sub-group | N | Doctor ever Examine Breasts (Yes--Wave I) | Last Time Doctor Examined Breasts (Wave I) | | | | If within Last 3 Months was it After Pres. Wife's Operation (Yes--Wave I) | How Often Does Doctor Usually Examine Breasts (Wave I) | | | | Had Doctor Examined Breasts Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Within last 3 months | 3 - 6 months | 6 months to 1 year | More than year | | Every 3 months | Every 6 months | Every year | Less Often Than Year | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 46 | 83 | 16 | 26 | 34 | 24(38) | 34 (6) | 0 | 21 | 55 | 24(38) | 13 | 33 |
| | | A2 | 10 | 80 | 25 | 13 | 13 | 50 (8) | 50 (2) | 0 | 13 | 63 | 24 (8) | | 40 |
| | | A4 | 10 | | | | | | | | | | | | 60 |
| | | Total | 66 | 82(56) | 18 | 24 | 30 | 29(46) | 38 (8) | 0 | 20 | 57 | 24(46) | 13(46) | 38 |
| | Low | A1 | 63 | 81 | 33 | 18 | 31 | 18(51) | 24(17) | 6 | 28 | 45 | 21(51) | 13 | 37 |
| | | A2 | 19 | 84 | 31 | 19 | 44 | 6(16) | 40 (5) | 0 | 13 | 56 | 31(16) | | 37 |
| | | A4 | 15 | | | | | | | | | | | | 47 |
| | | Total | 97 | 82(82) | 33 | 18 | 34 | 15(67) | 27(22) | 5 | 24 | 48 | 23(67) | 13(63) | 38 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 80 | 32 | 11 | 37 | 21(19) | 17 (6) | 0 | 5 | 68 | 27(19) | 8 | 29 |
| | | B3 | 22 | | | | | | | | | | | | 23 |
| | | Total | 46 | 80(24) | 32 | 11 | 37 | 21(19) | 17 (6) | 0 | 5 | 68 | 27(19) | 8(24) | 26 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 92 | 20 | 22 | 27 | 32(60) | 42(12) | 2 | 10 | 57 | 31(60) | | 31 |
| | | C2 | 20 | | | | | | | | | | | | 60 |
| | | Total | 85 | 92(65) | 20 | 22 | 27 | 32(60) | 42(12) | 2 | 10 | 57 | 31(60) | | 38 |

TABLE 3.12

SEASON A--CANCER DETECTION RELATED BEHAVIOR: SELF-EXAMINATION OF BREASTS

(Per Cent)

| Viewing Group | | Sub-group | N | Did You Ever Examine Your Own Breasts for Lumps (Yes--Wave I) | When Did You Start Examining Your Breasts (Wave I) | | | | If Within Last 3 Months Was It After Pres. Wife's Operation (Yes--Wave I) | In General, How Often Examine Your Breasts (Wave I) | | | | Examine Your Breasts Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Within Last 3 Months | 3 - 6 Months | 6 Months to 1 Year | More Than 1 Year | | Every Month | Every Three Months | Every Six Months | Less Often | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 46 | 76 | 9 | 12 | 18 | 61(38) | 67 (3) | 61 | 13 | 6 | 20(31) | 80 | 78 |
| | | A2 | 10 | 70 | 14 | 0 | 14 | 72 (7) | 100 (1) | 33 | 50 | 0 | 17 (6) | | 90 |
| | | A4 | 10 | | | | | | | | | | | | 80 |
| | | Total | 66 | 75(56) | 10 | 10 | 17 | 64(45) | 75 (4) | 57 | 19 | 5 | 19(37) | 80(46) | 80 |
| | Low | A1 | 63 | 88 | 13 | 4 | 9 | 74(45) | 67 (6) | 45 | 30 | 13 | 12(40) | 68 | 86 |
| | | A2 | 19 | 88 | 7 | 13 | 20 | 60(15) | 100 (1) | 36 | 36 | 7 | 79(14) | | 79 |
| | | A4 | 15 | | | | | | | | | | | | 87 |
| | | Total | 97 | 88(82) | 12 | 7 | 12 | 58(60) | 71 (7) | 43 | 31 | 11 | 15(54) | 68(63) | 85 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 71 | 13 | 0 | 0 | 87(15) | 0 (2) | 43 | 14 | 0 | 43(14) | 54 | 50 |
| | | B3 | 22 | | | | | | | | | | | | 64 |
| | | Total | 46 | 71(24) | 13 | 0 | 0 | 87(15) | 0 (2) | 43 | 14 | 0 | 43(14) | 54(24)* | 57** |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 86 | 19 | 2 | 13 | 66(47) | 78 (9) | 44 | 28 | 19 | 9(43) | | 71 |
| | | C2 | 20 | | | | | | | | | | | | 65 |
| | | Total | 85 | 86(65) | 19 | 2 | 13 | 66(47) | 78 (9) | 44 | 28 | 19 | 9(43) | | 69 |

In Wave II there is partial evidence of a viewing effect. (Table 3.12). Eighty per cent of the "A High Viewers" reported having examined their own breasts since the Wave I interview while only 54 per cent of the "B Non-Viewers" so reported. The third program of the Feeling Good series, which was shown the week before Wave II interviews, contained material relevant to early cancer detection, so there were maximum conditions for finding an effect.

The data from Wave III also display partial evidence of a viewing effect. Again programs in the intervening period had dealt with cancer including the eleventh program that immediately preceded this wave of interviewing. The difference between the "A High Viewers" and "B Non-Viewers" is again significant, but the "A Low Viewers" have increased to the level of the "A High Viewers." This change is not unreasonable if one assumes that cancer-relevant material in the programs was one of the most salient topics to women in the study and that a substantial proportion of the "A Low Viewers" had actually viewed at least portions of some of these programs.

While we cannot conclude that there is strong evidence of program effects here, the Wave II and III data did show partial evidence, and overall, the findings are suggestive of trends that we shall see in the Season B program in connection with this same topic.

3. Heart Attacks. Data on questions about heart attacks prevention are presented in Table 3.13. Two questions relevant to behavior were asked in both Waves II and III. One of these questions dealt with the respondents having their blood pressure checked, and the other starting a regular exercise program. Both questions were phrased, as usual, in terms of activity since the last interview. As with the other items asking about check-ups requiring a doctor visit, higher proportions reported having their blood pressure checked in Wave III than in Wave II for all groups, but there

TABLE 3.13

SEASON A--HEART ATTACK PREVENTION BEHAVIOR

(Per Cent)

| Viewing Group | | Sub-group | N | Last Time Had Blood Pressure Checked (Within Last Year--Wave I) | Had Blood Pressure Checked Since Last Interview | | Make a Special Effort to Exercise (Wave I) | Don't Get Enough Exercise (Wave I) | Started Regular Exercise Program Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Wave II | Wave III | | | Wave II | Wave III. |
| Induced Viewer (A) | High | A1 | 46 | 89 | 35 | 65 | 59 | 63 | 37 | 35 |
| | | A2 | 10 | 50 | | 40 | 70 | 40 | | 0 |
| | | A4 | 10 | | | 90 | | | | 40 |
| | | Total | 66 | 82(56) | 35(46) | 65 | 61(56) | 59(56) | 37(46) | 30 |
| | Low | A1 | 63 | 89 | 32 | 57 | 73 | 41 | 41 | 49 |
| | | A2 | 19 | 95 | | 63 | 47 | 63 | | 32 |
| | | A4 | 15 | | | 67 | | | | 27 |
| | | Total | 97 | 90(82) | 32(63) | 60 | 69(82) | 48(82) | 41(63) | 42 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 88 | 21 | 50 | 54 | 50 | 25 | 17 |
| | | B3 | 22 | | | 50 | | | | 23 |
| | | Total | 46 | 88(24) | 21(24) | 50 | 54(24) | 50(24) | 25(24) | 20 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 86 | | 60 | 59 | 54 | | 25 |
| | | C2 | 20 | | | 60 | | | | 10 |
| | | Total | 85 | 86(65) | | 60 | 59(65) | 54(65) | | 21 |

are no significant differences among the various viewing groups. As we have seen in the discussion of data on health knowledge and attitudes, most respondents were already aware of the fact that one could have high blood pressure without knowing it, and they were also sensitive to the importance of having one's blood pressure checked periodically.

The data on starting a regular exercise program are again suggestive of a viewing effect but not conclusive. The "B Non-Viewers" on both waves are lower than the "A High Viewers" in reporting that they started a regular exercise program since the last interview; however, the "A High Viewers" are lower than the "A Low Viewers." These latter differences might also have resulted from the fact that the "A High Viewers" were already engaged in a regular exercise program that they had started at the time of the first interview or before. Fortunately, this possibility could be tested.

Looking at the data in the fourth and fifth columns of Table 3.13, we see that this hypothesis is not supported. The "A Low Viewers" were also more likely than the "A High Viewers" to make special efforts to exercise and less likely to feel that they were not getting enough exercise even before the programs began. We would thus conclude that the observed differences are a result of random fluctuations rather than impact of the programs.

4. Dental Care. Information about dental hygiene appeared on several programs in Season A. Two questions in Wave II and one in Wave III were used to test effects of the programs in this area. One question in Wave II was specific to a relatively unknown technique for testing the adequacy of tooth brushing--the disclosing tablet--and the other was a general question about dental check-ups. The Wave III item also asked about dental check-ups.

So few respondents reported using a disclosing tablet that it would not have been possible to detect significant differences among the viewing groups with these small group sizes. The data suggest that a much larger information campaign would have to be conducted before enough people would know what disclosing tablets are and how they might be used. As it is, from 24 to 38 per cent of the respondents in Wave II volunteered that they did not know what disclosing tablets were (Table 3.14). We might surmise that a substantial proportion of the remainder of the non-users also did not know what disclosing tablets were, even though they were not asked specifically to tell what such tablets are used for.[5]

The data from the Wave II and III items on dental check-ups (Table 3.15) are similar to other Season A impact data concerning doctor visits, but at a lower level. The larger proportions in Wave III are probably attributable to the differences in elapsed time between interviews. Again, there are no significant differences among the various groups, and hence no evidence of a viewing effect.

5. Children's health. The importance for a child's health of regular examinations and immunizations was a theme that ran through several of the programs in Season A. It is apparent from the analysis of the data from the baseline interview (Tables 3.16 and 3.17), however, that this message was already well known to the respondents and that the overwhelming majority of the respondents' children either had already finished their immunization series or were in the midst of getting them. Thus, there was not a lot of room for improvement in the reported behavior. For example, when asked about their oldest child under 6, only 5 per cent of the mothers in the entire sample reported that the child never had any immunizations (refer to the Appendix for marginal distribution to Question 44 on Wave I).

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[5] Note also that the data from the disclosing tablet item on Wave I are evidence of a Season A pretest difference between the viewing groups--there are a significantly larger proportion of "A High Viewers" who reported using a disclosing tablet than did "A Low Viewers." Since only a few of the other Season A pretest items also display significant differences, we suspect that this is just a chance finding.

## TABLE 3.14

## SEASON A--DENTAL HEALTH BEHAVIOR: PERSONAL HABITS

(Per Cent)

| Viewing Group | | Sub-group | N | What Do You Usually Do To Keep Your Teeth Clean (Wave I) | | | | | | Ever Used A Disclosing Tablet (Wave I) | | | Has Household Member Used Disclosing Tablet Since Last Interview (Wave II) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Brush Teeth | Dental Floss | Tooth-pick | Dis-closing Tablet | Rinse After Eating | Water Pick | Yes | No | Don't Know What It Is | Yes | No | Don't Know What It Is |
| Induced Viewer (A) | High | A1 | 46 | 94 | 15 | 7 | 2 | 2 | 0 | 24 | 57 | 19(42) | 13 | 62 | 24 |
| | | A2 | 10 | 90 | 30 | 10 | 0 | 10 | 0 | 50 | 50 | 0 | | | |
| | | A4 | | | | | | | | | | | | | |
| | | Total | 56 | 93 | 18 | 7 | 2 | 4 | 0 | 28 | 56 | 16(50) | 13 | 62 | 24(46) |
| | Low | A1 | 63 | 92 | 11 | 5 | 0 | 2 | 2 | 16 | 57 | 26(58) | 2 | 60 | 38 |
| | | A2 | 19 | 100 | 11 | 0 | 0 | 11 | 5 | 11 | 67 | 22(18) | | | |
| | | A4 | | | | | | | | | | | | | |
| | | Total | 82 | 94 | 11 | 4 | 0 | 4 | 2 | 15* | 59 | 25(76) | 2 | 60 | 38(63) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 100 | 8 | 0 | 0 | 0 | 0 | 4 | 71 | 25 | 4 | 67 | 29 |
| | | B3 | | | | | | | | | | | | | |
| | | Total | 24 | 100 | 8 | 0 | 0 | 0 | 0 | 4 | 71 | 25 | 4 | 67 | 29 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 92 | 19 | 2 | 0 | 0 | 6 | 20 | 60 | 20 (60) | | | |
| | | C2 | | | | | | | | | | | | | |
| | | Total | 65 | 92 | 19 | 2 | 0 | 0 | 6 | 20 | 60 | 20(60) | | | |

TABLE 3.15

SEASON A--DENTAL HEALTH BEHAVIOR: DENTAL EXAMINATIONS

(Per Cent)

| Viewing Group | | Sub-group | N | Last Time Went for Dental Check-Up (Wave I) | | | | How Often Usually Go for Dental Check-up (Wave I) | | | | Had Dental Check-Up Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Last 6 months | 6 Months to 1 Year | More Than Year | Never | Every 6 Months | Every Year | Every 2 Years | Less Often | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 46 | 12 | 21 | 31 | 36(42) | 22 | 15 | 19 | 44(27) | 13 | 21 |
| | | A2 | 10 | 38 | 25 | 25 | 13(8) | 29 | 29 | 0 | 42 (7) | | 11 |
| | | A4 | 10 | | | | | | | | | | 44 |
| | | Total | 66 | 16 | 22 | 30 | 32(50) | 24 | 18 | 15 | 44(34) | 13(46) | 23 |
| | Low | A1 | 63 | 14 | 17 | 29 | 38(58) | 17 | 34 | | 38(35) | 11 | 20 |
| | | A2 | 19 | 22 | 6 | 50 | 22(18) | 21 | 36 | 0 | 43(14) | | 37 |
| | | A4 | 15 | | | | | | | | | | 13 |
| | | Total | 97 | 16 | 15 | 34 | 34(76) | 18 | 35 | 8 | 39(49) | 11(63) | 22 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 8 | 17 | 33 | 42 | 14 | 43 | 0 | 43(14) | 4 | 13 |
| | | B3 | 22 | | | | | | | | | | 18 |
| | | Total | 46 | 8 | 17 | 33 | 42(24) | 14 | 43 | 0 | 43(14) | 4(24) | 15 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 20 | 17 | 30 | 32(60) | 28 | 25 | 8 | 39(40) | | 30 |
| | | C2 | 20 | | | | | | | | | | 21 |
| | | Total | 85 | 20 | 17 | 30 | 32(60) | 28 | 25 | 8 | 39(40) | | 28 |

Table 3.16 presents the data on the proportion of mothers whose oldest child under 6 had various immunizations before the Feeling Good series began. We see that the proportions are uniformly high, with no significant differences among the viewing groups. In addition, recall that data presented in Table 3.8 indicated that the mothers were already convinced before the series began that immunizations are important. Thus, it is not surprising that, although the differences are in the appropriate direction of a viewing effect, we find in Table 3.16 no significant differences among the viewing groups in the proportions who have taken a child for an immunization since the previous interview.

The data on vision and hearing examinations for children also show no significant differences among the various groups (Table 3.17). The level of reported examinations, however, is less than that of any of the other kinds of examinations we asked about. These data suggest that the importance of vision and hearing examinations is not as well appreciated as that of immunizations and that the programs did not get the message of their importance across. From Tables 3.16 and 3.17 we see that pre-school vision and hearing examinations are less likely than immunizations to have been carried out before the Feeling Good series began. Also, the data displayed in Table 3.8 show that respondents think that examinations are less important than immunizations.

In addition to information about preventive examinations and immunizations, one of the Season A programs dealt with the problem of poisonous substances that children might get into and the action to be taken if one suspected that a child had eaten something poisonous. In response to the question about making a special effort to keep poisons out of children's

## TABLE 3.16

## SEASON A--BEHAVIOR RELATED TO CHILD'S HEALTH: IMMUNIZATIONS FOR OLDEST CHILD UNDER SIX YEARS OF AGE

(Per Cent)

| Viewing Group | | Sub-group | N | Percentage of Mothers Who Reported that Child Had Received Shots For ... (Wave I) | | | | Taken Child for Shots Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | DPT | Rubella | Measles | Polio | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 27 | 89 | 78 | 70 | 89 | 36 | 38 |
| | | A2 | 2 | 100 | 100 | 100 | 100 | | 50 |
| | | A4 | 6 | | | | | | 50 |
| | | Total | 35 | 93 | 82 | 75 | 93(29) | 36(27) | 41 |
| | Low | A1 | 34 | 85 | 82 | 71 | 79 | 15 | 26 |
| | | A2 | 14 | 100 | 79 | 71 | 100 | | 31 |
| | | A4 | 6 | | | | | | 50 |
| | | Total | 54 | 96 | 81 | 71 | 85(48) | 15(34) | 30 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 13 | 100 | 85 | 69 | 100 | 23 | 31 |
| | | B3 | 15 | | | | | | 33 |
| | | Total | 28 | 100(13) | 85(13) | 69(13) | 100(13) | 23(13) | 32 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 33 | 88 | 67 | 82 | 88 | | 19 |
| | | C2 | 11 | | | | | | 55 |
| | | Total | 44 | 88(33) | 67(33) | 82(33) | 88(33) | | 29 |

TABLE 3.17

SEASON A--BEHAVIOR RELATED TO CHILD'S HEALTH: VISION AND HEARING EXAMS FOR OLDEST PRE-SCHOOL CHILD

(Per Cent)

| Viewing Group | | Sub-group | N | Child Had Vision Test | Taken Child for Vision Test Since Last Interview | | Child Had Hearing Test | Taken Child for Hearing Test Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | (Wave I) | Wave II | Wave III | (Wave I) | Wave II | Wave III |
| Induced Viewer (A) | High | A1 | 24 | 25 (8) | 4 | 5(22) | 25 (8) | 8 | 5(22) |
| | | A2 | 1 | | | 0 | -- | | 0 |
| | | A4 | 5 | | | 0 | | | 0 |
| | | Total | 30 | 25 (8) | 4(24) | 4(28) | 25 (8) | 8(24) | 4(28) |
| | Low | A1 | 28 | 47(17) | 11 | 26(23) | 47(17) | 7 | 30(23) |
| | | A2 | 11 | 20 (5) | | 18 | 40 (5) | | 0 |
| | | A4 | 6 | | | 17 | | | 33 |
| | | Total | 45 | 41(22) | 11(28) | 23(40) | 46(22) | 7(28) | 23(40) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 11 | 13 (8) | 0 (9) | 0 | 38 (8) | 0 (9) | 0 |
| | | B3 | 15 | | | 20 | | | 0 |
| | | Total | 26 | 13 (8) | 0 (9) | 13 | 38 (8) | 0 (9) | 0 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 28 | 31(13) | | 11 | 83(13) | | 14 |
| | | C2 | 11 | | | 18 | | | 18 |
| | | Total | 39 | 31(13) | | 13 | 83(13) | | 15 |

reach, most respondents in all viewing groups responded affirmatively, even though the question was asked in terms of special efforts in the recent past (Table 3.18). It would appear that most mothers think of themselves as always making special efforts to keep poisons out of the reach of their children.

One of the specific suggestions in a Feeling Good program was that families should keep the telephone number of the local Poison Control Center written down so it would be easily accessible in case of an emergency. A question on Wave III asked specifically whether or not the respondent did have the number written down, and there appears to be partial evidence of a program effect for this question: the "B Non-Viewers" are significantly lower than the "A High Viewers." (Note the percentages for this item are based only on these respondents who have children under six years old.)

A final question about behavior related to children's health was asked about efforts to cut down on the amount of sweets eaten by the child or children in the household. Even though the Wave III item referred to the time "since the last interview," a large majority of the mothers reported making these efforts, and there was, hence, no variation to allow for the detection of a viewing effect (Table 3.18).

Summary. The behavioral measures reviewed in the above discussion show there are only five instances of evidence for viewing effects. The significant differences between "A High Viewers" and "B Non-Viewers" on a) reports of making special efforts to eat more fruit (Waves II and III); b) performing self-examination of their breasts (Waves II and III); and c) writing down the poison control number (Wave III) indicate partial evidence of Season A impact on these behaviors. Two other areas of behavior, children's immunizations and efforts to cut down on sweets eaten by the respondent's children, exhibit trends that are suggestive of a viewing

TABLE 3.18

SEASON A--BEHAVIOR RELATED TO CHILD'S HEALTH:
POISON CONTROL AND EATING HABITS

(Per Cent)

| Viewing Group | | Sub-group | N | Made Special Effort to Keep Poison Out of Child's Reach Since Last Interview | | Have Poison Control Number Written Down | What One Thing Does Child Eat Most Often For a Snack Between Meals (Wave I) | | | | Made an Effort to Cut Down on Amount of Sweets Child Eats |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave II | Wave III | (Wave III) | Fruit | Candy | Sugar-Coated Cereal | Cookies | (Wave III) |
| Induced Viewer (A) | High | A1 | 24 | 80 | 83 | 44 | 17 | 8 | 0 | 25 | 79 |
| | | A2 | 2 | | 50 | 0 | 100 | 0 | 0 | 0 | 100 |
| | | A4 | 6 | | 50 | 17 | | | | | 83 |
| | | Total | 32 | 80(24) | 75 | 37 | 23 | 8 | 0 | 23(26) | 81 |
| | Low | A1 | 34 | 88 | 84 | 18 | 23 | 13 | 0 | 20 | 90 |
| | | A2 | 14 | | 92 | 36 | 21 | 0 | 0 | 21 | 69 |
| | | A4 | 6 | | 83 | 0 | | | | | 68 |
| | | Total | 54 | 88(34) | 86 | 20 | 22 | 9 | 0 | 20(48) | 82 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 13 | 54 | 85 | 15 | 15 | 0 | 23 | 15 | 69 |
| | | B3 | 15 | | 93 | 0 | | | | | 73 |
| | | Total | 28 | 54(13) | 89 | 7** | 15 | 0 | 23 | 15(13) | 71 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 33 | | 94 | 6 | 13 | 10 | 0 | 10 | 81 |
| | | C2 | 11 | | 91 | 18 | | | | | 73 |
| | | Total | 44 | | 93 | 9 | 13 | 10 | 0 | 10(33) | 79 |

effect, but ceiling effects in these items prevent the detection of an impact. Reports of routine physical check-ups are also suggestive of viewing effects, but the percentage differences are not large enough to provide statistically significant evidence.

One other item asked on Wave III, which is not displayed in the Season A tables, did demonstrate strong evidence of a viewing effect. On this item: "Since we last spoke with you, have you asked or written for some information about health that was offered on TV?" a significantly larger percentage (21 per cent, N = 66) of "A High Viewers" responded yes to this item than did either "A Low Viewers" (7 per cent, N = 97) or "B Non-Viewers" (4 per cent, N = 46).

In conclusion, selected outcome measures of behavioral topics suggest that there was not much of a Season A impact overall, but that the programs apparently stimulated interest in viewers and as a result a significantly larger proportion of the "A High Viewers" did report writing for health information offered on television.

## Doctor/Patient Communication

Several of the programs in Season A contained material that suggested the importance of open communication between doctor and patient: the patient's responsibility to tell the doctor everything relevant to her health problems and the doctor's responsibility to communicate the results of tests to the patient. Two items in the questionnaires from Waves II and III are relevant to this theme: "Have you asked a doctor to teach you how to examine your own breasts since we last talked with you?"; and "When a doctor orders treatment, a patient has the right to say she does not want it." (yes or no). The data for these items are presented in Table 3.19.

For the first item, there are no significant differences among the viewing groups. Relatively few women asked their doctors to teach them to examine their own breasts, and viewing the programs does not seem to have encouraged them to do so to any great extent. Even though the second item, the patient's right to say that she does not want a particular type of treatment, is endorsed by a large majority of the respondents, there is still partial evidence of a viewing effect: a significantly larger percentage of "A High Viewers" agree with this item than do the "A Low Viewers"; however, there are no differences between the "A High Viewers" and the "B Non-Viewers."

In summary, the small percentages of "correct" response in the first item prevent the detection of a viewing effect, but the second item suggests that some aspects of the message about open communication between doctor and patient did affect the viewers.

## Season B

The six programs that were aired during the evaluation period of Season B were each devoted to one health problem and were largely directed at conveying information about that health problem. There is some overlap in topics covered in the two seasons, but rather than looking generally across the whole season as we did with Season A, we have organized the analysis of effects in Season B according to the six separate topics corresponding to the six programs that might have been viewed.

In tables presenting data related to the effects of particular programs, we have used the correct answer to the knowledge question about each program as the criterion for assigning a respondent to the "Viewer" category in the Induced Viewer group. All other Induced Viewers are considered "Non-Viewers" of the program. For the Induced Non-Viewer and

## TABLE 3.19

## SEASON A--DOCTOR/PATIENT COMMUNICATION

(Per Cent)

| Viewing Group | | Sub-group | N | Asked Doctor to Teach Breast Self-Examination | Asked Doctor to Teach Breast Self-Examination Since Last Interview | | Patient Has Right to Say No to Doctor |
|---|---|---|---|---|---|---|---|
| | | | | (Wave I) | Wave II | Wave III | (Yes--Wave III) |
| Induced Viewer (A) | High | A1 | 46 | 13 | 9 | 15 | 89 |
| | | A2 | 10 | 10 | | 0 | 100 |
| | | A4 | 10 | | | 20 | 90 |
| | | Total | 66 | 13(56) | 9(46) | 14 | 91 |
| | Low | A1 | 63 | 12(51) | 7 | 18 | 76 |
| | | A2 | 19 | 16(17) | | 11 | 84 |
| | | A4 | 15 | | | 27 | 87 |
| | | Total | 97 | 13(68) | 7(63) | 18 | 79* |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 24(21) | 4 | 8 | 92 |
| | | B3 | 22 | | | 9 | 91 |
| | | Total | 46 | 24(21) | 4(24) | 8 | 91 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 7(55) | | 17 | 80 |
| | | C2 | 20 | | | 30 | 90 |
| | | Total | 85 | 7(55) | | 20 | 82 |

Non-Induced Non-Viewer groups, we have omitted those respondents who reported viewing some of the Season B programs ("Uncertain Viewers") because we do not know which of the programs they viewed. It should be remembered that only one wave of interviews (Wave IV) was administered during the Season B field period, and the discussion of the program effects is therefore limited to an analysis of differences among the viewing groups on impact measures from this wave. We have, however, also included comparable items from Waves I, II, and III for the scrutiny of pretest differences and measurement effects.

1. Alcoholism (Program #2)

Three items were used to measure information conveyed by the program on alcoholism. These were: "Only people who drink so much that they can't work can really be called 'alcoholics'"; "It is easier to cure a person of alcoholism if the person doesn't realize that he's an alcoholic"; and "Parents who drink a lot are more likely to have children who drink a lot." Table 3.20 gives the proportion of each viewing group responding with the "correct" answer. The differences between the "A Viewers" and the A and B "Non-Viewer" groups are statistically significant in all but one case--the "A Viewer" versus "B Non-Viewer" contrast for the second item. The uniformity of the pattern is impressive and should be taken as strong evidence that the program was conveying information that the respondents would not have had without viewing the program. It should also be noted that the significant baseline difference between "A Viewers," and "A Non-Viewers" and "B Non-Viewers," on the Wave III item about the early treatment of alcoholism indicates that there was already a knowledge gradient about alcoholism before the Season B program was broadcast. Since, however, the other two Wave III items about alcohol do not show significant differences among the viewing groups, we conclude that the differences on the Wave IV items can be attributed mostly to program impact.

## 2. Breast Cancer (Program #5)

This program devoted considerable time to explaining how to perform a breast self-examination, as well as to problems of adjustment after a mastectomy. As we saw in the data from Season A (Table 3.12), there was partial evidence that the programs were having some effect in sensitizing women to the importance of techniques of self-examination, but the levels of reported self-examination were already fairly high for most groups. The Wave IV item which asked, "Did you every examine your own breasts?" displayed partial evidence of a viewing effect: "A Viewers" were significantly more likely than "B Non-Viewers" to respond yes (Table 3.21). Note, however, there were already significant differences between these two groups on this item from Wave III. In the Wave IV questionnaire, we also attempted to sharpen this line of inquiry, and asked about the time when the respondent first started examining her own breasts. The "A Viewers" were significantly more likely than the "B Non-Viewers" to report starting breast self-examinations in the last three months --that is, since the start of Season B. The "A Non-Viewers" were also lower than the "A Viewers," though not significantly so. In addition, when asked where they had learned about breast self-examination, a significantly larger proportion of the women in the "A Viewer" group reported that they had learned from television, than did either "A Non-Viewers" or "B Non-Viewers" (Table 3.22). This is further evidence that the program was having some effect in teaching women about breast self-examinations.

The program made several other points that were asked about in the Wave IV questionnaire. Respondents were asked whether or not they agreed with the following statements: "Even with early detection and treatment, a

TABLE 3.20

ALCOHOLISM KNOWLEDGE AND ATTITUDES BY VIEWING OF SEASON B PROGRAM #2 ABOUT ALCOHOLISM

(Per Cent)

| Viewing Group | | Sub-group | N | Food with Wine Can Make You Drunk (No-- Wave III) | Advanced Alcoholism Easier to Treat (No--Wave III) | Relative Give Money to Someone with Drinking Problem (No--Wave III) | Only Call People "Alcoholics" If Can't Work (No-- Wave IV) | Easier to Cure Person Who Doesn't Know He is Alcoholic (No-- Wave IV) | Parents and Children Drinking (Yes-- Wave IV) |
|---|---|---|---|---|---|---|---|---|---|
| Induced Viewer (A) | Viewer | A1 | 31 | 65 | 90 | 77 | 77 | 84 | 48 |
| | | A2 | 10 | 50 | 80 | 80 | 80 | 80 | 60 |
| | | A3 | 26 | | | | 85 | 89 | 58 |
| | | A4 | 11 | 46 | 91 | 82 | 91 | 91 | 46 |
| | | Total | 78 | 55 (52) | 89 (52) | 79 (52) | 82 | 86 | 53 |
| | Non-Viewer | A1 | 78 | 69 | 78 | 78 | 59 | 71 | 40 |
| | | A2 | 19 | 58 | 84 | 84 | 68 | 84 | 50 |
| | | A3 | 48 | | | | 71 | 77 | 42 |
| | | A4 | 13 | 77 | 50 | 93 | 79 | 79 | 29 |
| | | Total | 158 | 68(110) | 76(110)* | 81(110) | 65** | 75* | 41* |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 55 | 70 | 80 | 65 | 85 | 45 |
| | | B2 | 64 | | | | 63 | 73 | 41 |
| | | B3 | 19 | 63 | 68 | 68 | 74 | 79 | 26 |
| | | Total | 103 | 59 (39) | 69 (39)* | 74 (39) | 65** | 77 | 39* |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | 60 | 68 | 88 | 62 | 79 | 35 |
| | | C2 | 18 | 35 | 50 | 78 | 56 | 72 | 17 |
| | | Total | 84 | 54 | 64 | 86 | 61 | 77 | 31 |

large majority of women with breast cancer die from it." and "After a woman has had a breast removed because of cancer, she is still capable of having a normal sex life." In addition, respondents were asked how often they thought that women should examine their breasts for lumps.

For the first and third items, "A Viewers" were significantly more likely to give the correct answer (as determined by the information in the program) than the respondents in either the "A Non-Viewer" or "B Non-Viewer" groups (Table 3.22). Thus, there is strong evidence of a viewing effect for both of these items. The second item displayed only partial evidence: the "A Viewers" were more likely to respond correctly than the "B Non-Viewers." In conclusion, the overall pattern of the behavioral and informational outcome measures for this program suggest the presence of a strong viewing effect.

### 3. Heart Attacks (Program #3)

This program was devoted to problems of heart attacks and contained much information about what happens after heart attacks, as well as some information relevant to prevention. Again there were a number of items, some of which had been asked before, designed to tap knowledge that might have been gained from watching the program. We have already seen that factors that increase the likelihood of heart attacks are well known to the public and that it is therefore unlikely that the programs would have much additional effect. We see in Tables 3.23 and 3.24 that the same high degree of knowledge exists for a number of items related to post-heart attack activities, with one exception concerning diet--the best choice of meat for persons with heart problems. Respondents were asked if they agree (yes) or disagree (no) with the following statements: "People who do regular exercise have fewer heart attacks than people who don't."; "Once a person has had a heart

### TABLE 3.21

### BREAST CANCER: BEHAVIOR BY VIEWING OF PROGRAM #5 ABOUT BREAST CANCER

(Per Cent)

| Viewing Group | | Sub-group | N | Did You Ever Examine Your Own Breasts For Lumps (Yes--Wave I) | When Did You Start Examining Your Breasts (Wave I) | | | | If Within Last 3 Months Was it After Pres. Wife's Operation (Yes--Wave I) | In General, How Often Examine Your Breasts (Wave I) | | | | Examine Your Breasts Since Last Interview | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Within Last 3 Months | 3 - 6 Months | 6 Months to 1 Year | More Than 1 Year | | Every Month | Every Three Months | Every Six Months | Less Often | Wave II | Wave III |
| Induced Viewer (A) | Viewer | A1 | 46 | 63 | 10 | 3 | 7 | 79 (29) | 33 (3) | 72 | 14 | 10 | 3 (29) | 74 | 80 |
| | | A2 | 12 | 83 | 10 | 0 | 20 | 70 (10) | 0 (1) | 30 | 50 | 10 | 10 (10) | | 75 |
| | | A3 | 25 | 72 | 11 | 11 | 17 | 61 (18) | 100 (2) | 33 | 28 | 6 | 6 (18) | | |
| | | A4 | 8 | | | | | | | | | | | | 75 |
| | | Total | 91 | 69 (83) | 11 | 5 | 12 | 72 (57) | 50 (6) | 61 | 25 | 9 | 5 (57) | 74(46) | 79(66) |
| | Non-Viewer | A1 | 63 | 79 | 12 | 10 | 16 | 60 (50) | 33 (6) | 50 | 24 | 8 | 4 (50) | 71 | 84 |
| | | A2 | 17 | 71 | 8 | 17 | 17 | 58 (12) | 0 (1) | 50 | 25 | 0 | 17 (12) | | 88 |
| | | A3 | 49 | 80 | 13 | 5 | 13 | 67 (39) | 40 (5) | 67 | 18 | 0 | 3 (39) | | |
| | | A4 | 17 | | | | | | | | | | | | 88 |
| | | Total | 146 | 78(129) | 12 | 9 | 15 | 64(101) | 33(12) | 56 | 22 | 4 | 5(101) | 71(63) | 86(97) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 60 | 17 | 0 | 0 | 83 (12) | 50 (2) | 42 | 17 | 0 | 8 (12) | 55 | 45 |
| | | B2 | 64 | 75 | 15 | 8 | 10 | 67 (48) | 14 (7) | 56 | 19 | 8 | 4 (48) | | |
| | | B3 | 19 | | | | | | | | | | | | 68 |
| | | Total | 103 | 71 (84) | 15 | 7 | 8 | 79 (60) | 22 (9) | 53 | 18 | 7 | 5 (60) | 55(20) | 56(39)** |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 70 | 17 | 2 | 11 | 70 (47) | 25 (8) | 45 | 28 | 19 | 2 (47) | | 67 |
| | | C2 | 18 | | | | | | | | | | | | 61 |
| | | Total | 84 | 70 (66) | 17 | 2 | 11 | 70 (47) | 25 (8) | 45 | 28 | 19 | 2 (47) | | 66 |

TABLE 3.21--Continued

(Per Cent)

| Viewing Group | | Sub-group | N | Did You Ever Examine Your Own Breasts For Lumps (Yes--Wave IV) | When Did You Start Examining Your Breasts (Wave IV) | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Within Last 3 Months | 3 - 6 Months | 6 Months to 1 Year | More Than 1 Year Ago |
| Induced Viewer (A) | Viewer | A1 | 46 | 96 | 18 | 7 | 30 | 46 (44) |
| | | A2 | 12 | 100 | 8 | 0 | 25 | 67 |
| | | A3 | 25 | 100 | 12 | 20 | 16 | 52 |
| | | A4 | 8 | 100 | 12 | 12 | 25 | 50 |
| | | Total | 91 | 98 | 15 | 10 | 25 | 51 (89) |
| | Non-Viewer | A1 | 63 | 89 | 9 | 11 | 25 | 55 (56) |
| | | A2 | 17 | 94 | 0 | 13 | 13 | 73 (15) |
| | | A3 | 49 | 94 | 5 | 7 | 22 | 46 (46) |
| | | A4 | 17 | 100 | 0 | 6 | 29 | 65 |
| | | Total | 146 | 93 | 9 | 13 | 23 | 55(134) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 80 | 12 | 0 | 19 | 69 (16) |
| | | B2 | 64 | 88 | 0 | 2 | 14 | 84 (56) |
| | | B3 | 19 | 95 | 6 | 6 | 11 | 78 (18) |
| | | Total | 103 | 87** | 3** | 2 | 14 | 80 (90) |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 80 | 12 | 4 | 14 | 71 (52) |
| | | C2 | 18 | 83 | 0 | 0 | 27 | 73 (15) |
| | | Total | 84 | 81 | 9 | 3 | 16 | 72 (67) |

## TABLE 3.22

## BREAST CANCER: KNOWLEDGE AND ATTITUDES BY VIEWING OF SEASON B PROGRAM #5 ABOUT BREAST CANCER

(Per Cent)

| Viewing Group | | Sub-group | N | Chances of Recovery From Early Detection Of Breast Cancer (Very Good) | | Even with Early Detection Majority of Women with Breast Cancer Die from It (No--Wave IV) | After Breast Removal Women Can Have Normal Sex Life (Yes--Wave IV) | How Often Should Women Examine Breasts for Lumps (Every Month--Wave IV) |
|---|---|---|---|---|---|---|---|---|
| | | | | Wave I | Wave II | | | |
| Induced Viewer (A) | Viewer | A1 | 46 | 89 | 83 | 85 | 96 | 76 |
| | | A2 | 12 | 67 | | 100 | 100 | 75 |
| | | A3 | 25 | 76 | | 88 | 100 | 72 |
| | | A4 | 8 | | | 88 | 100 | 75 |
| | | Total | 91 | 82 (83) | 83(46) | 88 | 98 | 75 |
| | Non-Viewer | A1 | 63 | 73 | 75 | 79 | 98 | 67 |
| | | A2 | 17 | 94 | | 82 | 100 | 59 |
| | | A3 | 49 | 80 | | 71 | 90 | 51 |
| | | A4 | 17 | | | 94 | 82 | 71 |
| | | Total | 146 | 78(129) | 75(63) | 79* | 96 | 61* |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 85 | 90 | 70 | 85 | 60 |
| | | B2 | 64 | 69 | | 64 | 91 | 48 |
| | | B3 | 19 | | | 79 | 84 | 53 |
| | | Total | 103 | 73 (84) | 90(20) | 68*** | 88 ** | 51*** |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 75 | | 62 | 88 | 42 |
| | | C2 | 18 | | | 72 | 89 | 72 |
| | | Total | 84 | 75 (66) | | 64 | 38 | 48 |

TABLE 3.22--Continued

(Per Cent)

| Viewing Group | | Sub-group | N | First Learned About Breast Self-Examination From: | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | (Wave I) | | | | (Wave IV) | | | |
| | | | | Medical Doctor | Television | Magazine | Other | Medical Doctor | Television | Magazine | Other |
| Induced Viewer (A) | Viewer | A1 | | 27 | 20 | 17 | 36 (30) | 18 | 48 | 7 | 27 (44) |
| | | A2 | | 40 | 0 | 10 | 50 (10) | 50 | 0 | 8 | 42 (12) |
| | | A3 | | 33 | 33 | 11 | 23 (18) | 24 | 52 | 8 | 16 (25) |
| | | A4 | | | | | | 25 | 25 | 13 | 37 (8) |
| | | Total | | 31 | 21 | 14 | 44 (58) | 25 | 40 | 8 | 27 (89) |
| | Non-Viewer | A1 | | 34 | 12 | 14 | 40 (50) | 31 | 31 | 9 | 29 (55) |
| | | A2 | | 33 | 8 | 25 | 34 (12) | 31 | 13 | 25 | 31 (16) |
| | | A3 | | 41 | 10 | 15 | 34 (39) | 40 | 30 | 15 | 15 (46) |
| | | A4 | | | | | | 59 | 18 | 6 | 17 (17) |
| | | Total | | 37 | 11 | 16 | 36(101) | 37 | 27* | 13 | 23(134) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | | 67 | 0 | 17 | 16 (12) | 50 | 6 | 6 | 38 (16) |
| | | B2 | | 46 | 15 | 13 | 26 (48) | 41 | 9 | 18 | 32 (56) |
| | | B3 | | | | | | 42 | 0 | 11 | 47 (19) |
| | | Total | | 50 | 12 | 13 | 25 (60) | 43 | 7*** | 14 | 36 (91) |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | | 38 | 15 | 17 | 30 (47) | 46 | 13 | 20 | 21 (54) |
| | | C2 | | | | | | 53 | 12 | 12 | 23 (14) |
| | | Total | | 38 | 15 | 17 | 30 (47) | 48 | 12 | 18 | 22 (68) |

attack, he should do as little physical activity as possible." "Cigarette smoking increases the chance of heart attack."; "People who have heart attacks cannot lead normal lives."; "Eating foods high in cholesterol won't hurt you."; and "Besides watching your diet, there's not much you can do to prevent heart attacks." In addition, they were asked which of four meats --beef, veal, lamb, pork--was best for persons with heart problems to eat.

There were no significant differences among the viewing groups for any of the items, and in most cases there were not even substantial differences suggestive of a possible viewing effect. For all questions but the item about meat, a large majority of respondents agreed with the correct answer. Only in the case of knowing that veal is the best meat for people with heart problems to eat was there substantial ignorance, and this message definitely did not get across. We would therefore conclude that the heart attack program did not have an effect on the respondents' knowledge about heart attacks.

The behavior items related to heart prevention (Table 3.25) mirror the results found in Season A (Table 3.13). There are no significant viewing effects in reports of getting one's blood pressure checked since March 1st. The proportions reporting having had it checked are at the level one would expect for the elapsed time period. Note, though, that there is strong evidence for baseline differences between the "A Viewers" and both the "A Non-Viewers" and the "B Non-Viewers" on this item for Wave III. It is possible, though unlikely, that these pre-Season B differences may have militated against the detection of a significant viewing effect on the Wave IV item.

The item on starting a regular exercise program shows the same pattern as that of Season A: there appears to be some variation among the groups

## TABLE 3.23

### HEART ATTACKS: KNOWLEDGE AND ATTITUDES ABOUT EXERCISE AND SMOKING BY VIEWING OF SEASON B PROGRAM #3 ABOUT HEART ATTACKS

(Per Cent)

| Viewing Group | | Sub-group | N | How Important to Exercise Regularly (Very Important) | | Regular Exercise, Fewer Heart Attacks (Yes) | | | Do Little Physical Activity After Heart Attack (No--Wave IV) | Cigarette Smoking Increases the Chance of Heart Attack (Yes) | | People Who Have Heart Attacks Cannot Lead Normal Lives (No--Wave IV) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave I | Wave II | Wave I | Wave II | Wave IV | | Wave III | Wave IV | |
| Induced Viewer (A) | Viewer | A1 | 20 | 85 | 90 | 80 | 85 | 90 | 80 | 90 | 100 | 90 |
| | | A2 | 4 | 75 | | 75 | | 100 | 75 | 100 | 100 | 100 |
| | | A3 | 19 | 90 | | 84 | | 90 | 74 | | 79 | 84 |
| | | A4 | 5 | | | | | 20 | 60 | 80 | 80 | 100 |
| | | Total | 48 | 86 (43) | 90(20) | 81 (43) | 85(20) | 84 | 75 | 90 (29) | 90 | 90 |
| | Non-Viewer | A1 | 89 | 97 | 88 | 72 | 81 | 73 | 69 | 89 | 83 | 88 |
| | | A2 | 25 | 72 | | 58 | | 76 | 72 | 96 | 88 | 88 |
| | | A3 | 55 | 86 | | 73 | | 84 | 75 | | 91 | 89 |
| | | A4 | 20 | | | | | 80 | 75 | 85 | 80 | 85 |
| | | Total | 189 | 89(169) | 88(89) | 72(169) | 81(89) | 77 | 71 | 90(134) | 86 | 88 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 75 | 85 | 90 | 85 | 75 | 75 | 90 | 95 | 100 |
| | | B2 | 64 | 86 | | 73 | | 77 | 70 | | 70 | 88 |
| | | B3 | 19 | | | | | 84 | 63 | 100 | 84 | 95 |
| | | Total | 103 | 83 (84) | 85(20) | 77 (84) | 85(20) | 78 | 70 | 95 (39) | 78 | 91 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 89 | | 76 | | 74 | 65 | 87 | 91 | 85 |
| | | C2 | 20 | | | | | 61 | 72 | 89 | 77 | 89 |
| | | Total | 86 | 89 (66) | | 76 (66) | | 71 | 68 | 83 | 88 | 86 |

TABLE 3.24

HEART ATTACKS: KNOWLEDGE AND ATTITUDES ABOUT CHOLESTEROL AND DIET BY VIEWING OF SEASON B PROGRAM #3 ABOUT HEART ATTACKS

(Per Cent)

| Viewing Group | | Sub-group | N | Eggs Have High Cholesterol (Yes) | | Green Vegetables --Lots of Cholesterol (No-- Wave III) | Margarine More Cholesterol Than Butter (No-- Wave III) | Eating High Cholesterol Foods Won't Hurt (No) | | Besides Diet, Not Much to Prevent Heart Attack (No) | | People With Heart Trouble Should Eat ... (Veal-- Wave IV) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave II | Wave III | | | Wave III | Wave IV | Wave III | Wave IV | |
| Induced Viewer (A) | Viewer | A1 | 20 | 85 | 100 | 75 | 70 | 95 | 85 | 85 | 75 | 25 |
| | | A2 | 4 | | 100 | 50 | 100 | 100 | 100 | 100 | 75 | 50 |
| | | A3 | 19 | | | | | | 83 | | 79 | 32 |
| | | A4 | 5 | | 60 | 100 | 80 | 60 | 100 | 80 | 80 | 20 |
| | | Total | 48 | 85(20) | 93 (29) | 76 (29) | 76 (29) | 90 (29) | 87 | 86 (29) | 77 | 29 |
| | Non-Viewer | A1 | 89 | 85 | 85 | 78 | 60 | 82 | 96 | 76 | 71 | 18 |
| | | A2 | 25 | | 84 | 83 | 58 | 75 | 88 | 84 | 84 | 20 |
| | | A3 | 55 | | | | | | 86 | | 87 | 35 |
| | | A4 | 20 | | 90 | 68 | 58 | 90 | 95 | 75 | 75 | 20 |
| | | Total | 189 | 85(89) | 86(134) | 78(134) | 60(134) | 82(134) | 92 | 78(134) | 78 | 23 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 80 | 80 | 74 | 46 | 63 | 94 | 60 | 85 | 20 |
| | | B2 | 64 | | | | | | | | 66 | 19 |
| | | B3 | 19 | | 79 | 75 | 38 | 81 | 85 | 53 | 74 | 16 |
| | | Total | 103 | 80(20) | 80 (39) | 74 (39) | 43 (39)** | 71 (39) | 88 | 56 (39)** | 71 | 19 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 65 | | 86 | 80 | 40 | 68 | 85 | 76 | 74 | 20 |
| | | C2 | 18 | | 56 | 59 | 47 | 77 | 93 | 78 | 83 | 0 |
| | | Total | 83 | | 80 | 76 | 42 | 70 | 86 | 76 | 76 | 16 |

that is unrelated to viewing. (It is interesting that two instances of an inducement effect are on the heart attack items from Wave IV--refer to the fourth and last columns of Table 3.25. Since there are almost eighty inducement contrasts overall, it is not surprising that a few of the contrasts are significant. The fact that two occurred on this group of items may be of no particular consequence, and certainly is not easily explainable.)

### 4. Doctor/Patient Communication (Program #7)

Measuring the effects of the program on doctor/patient communication is an extremely difficult task. Only a small number of the Induced Viewers met our criterion for viewing the program, giving us a very small sample to work with. Whether this is a result of our asking a question about the program that failed to discriminate well between those who viewed the program and those who did not, that the program was of minimal interest and only a few of the Induced Viewers watched, or that the program was not effective in conveying the relevant information, we cannot say. Whatever the reason, the result is that it would be difficult to detect a significant difference even if there were one. The data (Table 3.26) are not very encouraging and do not lend themselves to an expectation that even with a larger viewing group we would have found any significant differences.

Six items were used to measure the information impact of this program. Several of these are repeats of items used in the analysis of Season A, but some are new, reflecting the content of this particular program. The items are: the respondent's report of whether she first learned to examine her own breasts by asking a doctor; "When a doctor orders treatment, a patient has the right to say she does not want it."; "When you are getting ready to speak to a doctor about yourself or someone else in the family, do you try to memorize all the complaints and symptoms or do you write a list of the

## TABLE 3.25

### HEART ATTACK: HEART ATTACK PREVENTION BEHAVIOR BY VIEWING OF PROGRAM #3 ABOUT HEART ATTACKS

(Per Cent)

| Viewing Group | | Sub-group | N | Last Time Had Blood Pressure Checked (Within Last Year--Wave I) | Had Blood Pressure Checked Since Last Interview | | | Make a Special Effort to Exercise (Wave I) | Don't Get Enough Exercise (Wave I) | Started Regular Exercise Program Since Last Interview | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Wave II | Wave III | (Since March 1st) Wave IV | | | Wave II | Wave III | (Since March 1st) Wave IV |
| Induced Viewer (A) | Viewer | A1 | 20 | 80 | 30 | 70 | 75 | 55 | 55 | 25 | 50 | 35 |
| | | A2 | 4 | 100 | | 75 | 50 | 25 | 25 | | 25 | 25 |
| | | A3 | 19 | 84 | | | 42 | 63 | 63 | | | 42 |
| | | A4 | 5 | | | 100 | 40 | | | | 60 | 60 |
| | | Total | 48 | 84 (43) | 30(20) | 76 (29) | 56 | 56 (43) | 56 (43) | 25(20) | 48 (29) | 40 |
| | Non-Viewer | A1 | 89 | 91 | 34 | 58 | 61 | 70 | 49 | 43 | 42 | 56 |
| | | A2 | 25 | 76 | | 52 | 60 | 60 | 60 | | 20 | 36 |
| | | A3 | 55 | 89 | | | 60 | 62 | 55 | | | 56 |
| | | A4 | 20 | | | 70 | 80 | | | | 25 | 65 |
| | | Total | 189 | 88(169) | 34(89) | 59(134)* | 62 | 66(169) | 53(169) | 43(89) | 35(134) | 55 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 90 | 30 | 55 | 80 | 50 | 55 | 25 | 15 | 50 |
| | | B2 | 64 | 88 | | | 70 | 59 | 47 | | | 44 |
| | | B3 | 19 | | | 42 | 63 | | | | 16 | 53 |
| | | Total | 103 | 88 (84) | 30(20) | 49 (39)* | 71 | 57 (84) | 49 (84) | 25(20) | 15 (39)** | 47 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 85 | | 55 | 58 | 56 | 52 | | 18 | 27 |
| | | C2 | 18 | | | 56 | 56 | | | | 11 | 17 |
| | | Total | 84 | 85 (66) | | 55 | 57* | 56 (66) | 52 (66) | | 17 | 25** |

TABLE 3.26

DOCTOR/PATIENT COMMUNICATION: KNOWLEDGE AND ATTITUDES BY VIEWING OF SEASON B PROGRAM #7 ABOUT DOCTOR/PATIENT COMMUNICATION

(Per Cent)

| Viewing Group | | Sub-group | N | First Learn to Examine Own Breasts By Asking Doctor | | Patient Has Right To Say No to Doctor (Yes) | | Writes List of Symptoms For Doctor | | Always Ask Doctor to Tell More If Feels He Didn't Tell Enough | | Not Good to Ask Doctor Too Many Questions | Not Important To Give Doctor Complete Symptoms |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave I | Wave IV | Wave III | Wave IV | Wave I | Wave IV | Wave I | Wave IV | (No--Wave IV) | (No--Wave IV) |
| Induced Viewer (A) | Viewer | A1 | 7 | 0 | 14 | 86 | 86 | 0 | 43 | 75 (4) | 40 (5) | 86 | 100 |
| | | A2 | 2 | 0 | 0 | 100 | 100 | 0 | 100 | 100 (1) | 100 (1) | 100 | 100 |
| | | A3 | 9 | 33 | 0 | | 67 | 22 | 33 | 60 (5) | 43 (7) | 89 | 100 |
| | | A4 | 2 | | 0 | 100 | 100 | | 0 | | 0 (1) | 100 | 100 |
| | | Total | 20 | 19 (18) | 5 | 91 (11) | 80 | 11 (18) | 40 | 70 (10) | 42 (14) | 90 | 100 |
| | Non-Viewer | A1 | 102 | 12 | 9 | 81 | 85 | 18 | 35 | 39 (80) | 30 (92) | 88 | 82 |
| | | A2 | 27 | 15 | 4 | 89 | 93 | 26 | 30 | 69 (13) | 53 (17) | 93 | 93 |
| | | A3 | 65 | 14 | 5 | | 86 | 19 | 51 | 67 (42) | 61 (44) | 89 | 86 |
| | | A4 | 23 | | 9 | 87 | 87 | | 35 | | 56 (9) | 91 | 100 |
| | | Total | 217 | 13(194) | 7 | 84(152) | 87 | 19(194) | 39 | 51(135) | 43(162) | 89 | 87 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 0 | 5 | 95 (20) | 80 | 15 | 20 | 55 (11) | 57 (14) | 80 | 85 |
| | | B2 | 64 | 8 | 8 | | 84 | 17 | 33 | 69 (39) | 64 (42) | 83 | 91 |
| | | B3 | 19 | | 5 | 90 (19) | 79 | | 58 | | 60 (10) | 95 | 95 |
| | | Total | 103 | 6 (84) | 7 | 92 (39) | 83 | 17 (84) | 35 | 66 (50) | 62 (66) | 85 | 90 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 0 | 0 | 82 | 83 | 20 | 29 | 62 (39) | 55 (40) | 85 | 85 |
| | | C2 | 18 | | 11 | 90 | 83 | | 28 | | 50 (12) | 83 | 89 |
| | | Total | 84 | 0 (66) | 2 | 84 (84) | 83 | 20 (66) | 29 | 62 (39) | 54 (52) | 85 | 86 |

complaints and symptoms so you don't forget?"; "How often do you ask the doctor to tell you more about your conditions?"; "It's not good to ask a doctor a lot of questions about your illness--he'll tell you what you need to know."; and "It is not important to give the doctor a complete list of your symptoms."

Although there is considerable variation among items in the proportion giving the correct answer--some are well known, others appear to be little known--there are no significant differences between those who viewed and those who did not to suggest that the program had any effect. We would conclude, therefore, that the program was not very effective in getting its message across.

### 5. Stress (Program #6)

Three items were used to measure the viewing effects of the program on stress. These were statments to which the respondent was asked to agree (yes) or disagree (no). They were: "Taking tranquilizers is a good way of dealing with stress."; "Stress can be helpful as well as harmful."; and "It is impossible to avoid stress in everyday life even if you are very careful." The data in Table 3.27 indicate that there were no significant differences among the groups except for the "A Viewer" versus "B Non-Viewer" contrast on the first item. Thus, there is partial evidence of a viewing effect, although the general level of information for this item was high. For the question about whether stress might in some instances be helpful, there was less agreement with this statement in the "A Non-Viewer" and the "B Non-Viewer" groups than in the "A Viewer" group, but the trend is not significant. For the third item, the level of information for all respondents was relatively high.

TABLE 3.27

STRESS: KNOWLEDGE AND ATTITUDES BY VIEWING OF SEASON B PROGRAM #6 ABOUT STRESS

(Per Cent)

| Viewing Group | | Sub-group | N | Taking Tranquilizers Good for Stress (No--Wave IV) | Stress Can Be Helpful (Yes--Wave IV) | Impossible to Avoid Stress (Yes--Wave IV) |
|---|---|---|---|---|---|---|
| Induced Viewer (A) | Viewer | A1 | 26 | 81 | 65 | 77 |
| | | A2 | 9 | 89 | 33 | 89 |
| | | A3 | 23 | 87 | 44 | 70 |
| | | A4 | 5 | 100 | 100 | 100 |
| | | Total | 63 | 86 | 56 | 78 |
| | Non-Viewer | A1 | 83 | 76 | 52 | 78 |
| | | A2 | 20 | 75 | 55 | 80 |
| | | A3 | 51 | 88 | 51 | 73 |
| | | A4 | 20 | 80 | 40 | 90 |
| | | Total | 174 | 80 | 51 | 78 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 24 | 75 | 30 | 65 |
| | | B2 | 64 | 72 | 52 | 80 |
| | | B3 | 19 | 74 | 37 | 58 |
| | | Total | 103 | 73* | 45 | 73 |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 66 | 77 | 35 | 74 |
| | | C2 | 18 | 72 | 44 | 78 |
| | | Total | 84 | 76 | 38 | 75 |

Overall, we would conclude that the program on stress did not increase the respondents' knowledge of stress and its attendant difficulties. There is only one instance of partial evidence for the viewing effect.

### 6. Vision (Program #4)

Information on eye problems is less widespread than that on cancer and heart attacks, which for many years have been the subjects of extensive information campaigns. We would expect that the kinds of information conveyed in this program would not be as widely known to the general public and that the program might have a better chance of getting across a new message to those viewing it. Three items were used to measure the program's impact on knowledge: "When should a child's eyes first be checked?"; "How often do you think people over 35 should have their eyes checked for glaucoma?"; and "A person who has diabetes in his family runs a greater risk of having glaucoma."

The data (Table 3.28) for the item that children should have their eyes examined before they are 5 years old show a partial program effect: the "A Viewers" versus "B Non-Viewers" contrast is significant, but the difference between the "A Viewers" and the "A Non-Viewers" is not significant. For the item on the frequency with which people over 35 should have their eyes checked for glaucoma, the pattern of differences is suggestive but not statistically significant. A larger percentage of "A Viewers" than either "A Non-Viewers" or "B Non-Viewers" gave the correct answer, but the differences are not statistically significant. It would appear that people are sensitized to the general principle that yearly check-ups for most matters are a good thing, particularly as one grows older, and that respondents can apply this principle to any health area. The item on the greater risk

## TABLE 3.28

## VISION: KNOWLEDGE AND ATTITUDES BY VIEWING OF PROGRAM SEASON B #4 ABOUT VISION

(Per Cent)

| Viewing Group | | Sub-group | N | Child's Eyes Should Be Checked (Before 5 Years Old--Wave IV) | For Person Over 35 Years Old Eyes Should Be Checked for Glaucoma (Every Year-- Wave IV) | Diabetes in Family Greater Risk of Glaucoma (Yes--Wave IV) |
|---|---|---|---|---|---|---|
| Induced Viewer (A) | Viewer | A1 | 20 | 75 | 55 | 70 |
| | | A2 | 6 | 67 | 67 | 100 |
| | | A3 | 16 | 88 | 81 | 50 |
| | | A4 | 8 | 100 | 25 | 38 |
| | | Total | 50 | 82 | 60 | 63 |
| | Non-Viewer | A1 | 89 | 76 | 57 | 60 |
| | | A2 | 23 | 83 | 52 | 52 |
| | | A3 | 58 | 78 | 45 | 50 |
| | | A4 | 17 | 65 | 35 | 29 |
| | | Total | 187 | 77 | 51 | 53 |
| Induced Non-Viewer (B) | Non-Viewer | B1 | 20 | 65 | 55 | 35 |
| | | B2 | 64 | 66 | 52 | 41 |
| | | B3 | 19 | 63 | 63 | 37 |
| | | Total | 103 | 65* | 54 | 39** |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | 64 | 64 | 61 | 32 |
| | | C2 | 18 | 72 | 67 | 22 |
| | | Total | 82 | 66 | 62 | 30 |

of glaucoma for people with a history of diabetes in the family shows a significant difference between the "A Viewers" and the "B Non-Viewers," but not a significant difference between "A Viewers" and "A Non-Viewers."

With regard to behavior, as in Season A (Table 3.17), there is no evidence (Table 3.29) that the Feeling Good Season B program on vision had any impact on mothers' behavior in getting regular vision examinations for their children. A second question, about eye examinations for the respondents since March 1st, also indicated no evidence of a significant viewing effect.

In conclusion, the data on the impact of the vision program indicate that there is partial evidence of a viewing effect on two of the three knowledge items, but no evidence of an effect on behavior related to vision examinations for the respondents or their children.

## Summary

In general it would appear that Season B was no more effective than Season A in affecting people's health-related behavior. The respondents in Oak Cliff were already convinced of the virtue of regular medical check-ups, taking the necessary precautions for themselves and their children to prevent what can be prevented, and trying to detect serious illness such as cancer and heart problems early. The Feeling Good series no doubt reinforced these ideas, but it did not impact the relatively few who still have minimal interest in preventive health care. The Season B results did tend to support the information effects suggested in Season A in the area of performing a self-examination of the breasts for lumps. In addition, the programs on alcoholism, vision, and stress, appear to have been effective in conveying some information.

### TABLE 3.29

### VISION EXAMINATIONS BY VIEWING OF PROGRAM #4 ABOUT VISION

(Per Cent)

| Viewing Group | | Sub-group | N | Child Had Vision Test (Wave I) | Taken Child for Vision Test Since Last Interview | | | Had An Eye Exam Since March 1st (Wave IV) |
|---|---|---|---|---|---|---|---|---|
| | | | | | Wave II | Wave III | (Since March 1st) Wave IV | |
| Induced Viewer (A) | Viewer | A1 | | 0 (3) | 0(10) | 0 (8) | 18 (11) | 20 (20) |
| | | A2 | | 50 (2) | | 0 (2) | 0 (3) | 17 (6) |
| | | A3 | | 25 (4) | | | 25 (12) | 31 (16) |
| | | A4 | | | | 0 (4) | 0 (4) | 25 (8) |
| | | Total | | 22 (9) | 0(10) | 0(14) | 17 (30) | 24 (50) |
| | Non-Viewer | A1 | | 45(22) | 10(42) | 19(37) | 21 (53) | 19 (89) |
| | | A2 | | 0 (3) | | 20(10) | 9 (11) | 9 (23) |
| | | A3 | | 0 (5) | | | 28 (36) | 16 (58) |
| | | A4 | | | | 14 (7) | 22 (9) | 12 (17) |
| | | Total | | 33(30) | 10(42) | 19(54) | 22(109) | 16(187) |
| Induced Non-Viewer (B) | Non-Viewer | B1 | | 14 (7) | 0 (8) | 0 (7) | 0 (10) | 20 (20) |
| | | B2 | | 21(14) | | | 12 (34) | 19 (64) |
| | | B3 | | | | 15(13) | 15 (13) | 16 (19) |
| | | Total | | 19(21) | 0 (8) | 10(20) | 11 (57) | 18(103) |
| Non-Induced Non-Viewer (C) | Non-Viewer | C1 | | 33(12) | | 7(28) | 11 (35) | 29 (66) |
| | | C2 | | | | 11 (9) | 40 (10) | 17 (18) |
| | | Total | | 33(12) | | 8(37) | 18 (45) | 26 (84) |

## Overall Impact (Seasons A Plus B)

Most of the topics that we have considered to this point have been concerned with specific areas of health-related behavior or information that were treated in various Feeling Good programs. In addition to examining the effects on these specific areas, it was thought that the series might have some overall effect on three general themes: fatalism (attitudes toward one's own ability to influence one's health), interest in health information, and urging others to get regular examinations. The two viewing categories used in the analysis of the Overall impact for the Induced Viewer group (A) were defined by the number of correct responses to the knowledge items on Waves III and IV: 0-4 correct = "Low Viewer" and 5-14 correct = "High Viewer." For the Induced Non-Viewer group (B) and the Non-Induced Non-Viewer group (C), if respondents reported viewing Feeling Good on any wave, they were categorized as "Viewed Some"; otherwise they were assigned to the "Non-Viewer" category.

### Fatalism

Three statements were developed which were thought to measure a general attitude of fatalism about one's health. Basically, these statements deal with the degree to which people believe that the things they do in their daily lives have something to do with their general health. A health "fatalism" set of statements in Wave II and in Wave IV tested the hypothesis that viewing the series might affect people's general health orientation. These statements were: "No matter how careful a person is, he has to expect a good deal of illness in his lifetime."; "Being healthy is mainly a matter of how well you look after yourself."; and "There's not much a person can do to keep from getting sick." Respondents were asked whether they "mostly agreed" or "mostly disagreed" with each of these statements. Table 3.30 gives the results for both Waves II and IV.

The data are not encouraging in supporting the notion that the programs affected the general beliefs of the viewers. There is only one significant difference among the groups (on Wave II, a larger percentage of "A High Viewers" disagreed with the third statement than did "A Low Viewers"), and the changes from Wave II to Wave IV are only about as likely to be in the direction predicted--that is toward a greater belief that one's activities can affect one's health--as in the opposite direction. Thus, we see only minimal evidence that the programs affected these general beliefs.

## Interest in Health

Many people are interested in health matters, others are not. This fact led to a study design that tried to correct for the pre-existing bias of viewers that would have occurred if the study had included only those persons who watched the programs on their own initiative. The presence of large intra-group variation in viewing, unfortunately, suggested the construction of posterior-defined treatment groups. In Chapter II the analysis of pretreatment differences in health interests indicated that the "B Non-Viewers" were less interested in health topics than the other viewing groups as measured by nine Wave I items. Thus, before the series began, there were already differences in health interests among the viewing groups. However, we might still ask the question: Did viewing Feeling Good alter people's interest in health matters generally, and in exposing themselves to other health-related communications? Toward this end, we asked three questions in both the pretest (Wave I) and in the final

## TABLE 3.30

## FATALISM: OVERALL (SEASONS A PLUS B) IMPACT

(Per Cent)

| Viewing Group | | Sub-group | N | No Matter How Careful, Must Expect Good Deal of Illness (Disagree) | | Being Healthy Is Mainly Matter of Looking After Oneself (Agree) | | Not Much Can Do To Keep From Getting Sick (Disagree) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave II | Wave IV | Wave II | Wave IV | Wave II | Wave IV |
| Induced Viewer (A) | High | A1 | 49 | 41 | 51 | 94 | 98 | 80 | 69 |
| | | A2 | 14 | | 43 | | 86 | | 71 |
| | | A4 | 13 | | 62 | | 100 | | 69 |
| | | Total | 76 | 41(49) | 51 | 94(49) | 96 | 80(49) | 70 |
| | Low | A1 | 60 | 52 | 48 | 93 | 95 | 64 | 63 |
| | | A2 | 15 | | 60 | | 73 | | 67 |
| | | A4 | 12 | | 75 | | 100 | | 83 |
| | | Total | 87 | 52(60) | 54 | 93(60) | 92 | 64(60)* | 67 |
| Induced Non-Viewer (B) | Viewed Some | B1 | 10 | 60 | 60 | 100 | 90 | 60 | 80 |
| | | B2 | 21 | | 43 | | 95 | | 52 |
| | | B3 | 4 | | 75 | | 100 | | 50 |
| | | Total | 35 | 60(10) | 46 | 100(10) | 94 | 60(10) | 60 |
| | Non-Viewer | B1 | 17 | 35 | 53 | 94 | 94 | 82 | 77 |
| | | B2 | 64 | | 36 | | 89 | | 66 |
| | | B3 | 19 | | 42 | | 90 | | 63 |
| | | Total | 100 | 35(17) | 59 | 94(17) | 90 | 82(17) | 67 |
| Non-Induced Non-Viewer (C) | Viewed Some | C1 | 16 | | 31 | | 100 | | 75 |
| | | C2 | 2 | | 100 | | 100 | | 0 |
| | | Total | 18 | | 61 | | 100 | | 67 |
| | Non-Viewer | C1 | 60 | | 50 | | 93 | | 65 |
| | | C2 | 18 | | 50 | | 94 | | 72 |
| | | Total | 78 | | 50 | | 94 | | 67 |

post-test (Wave IV) designed to measure changes in interest in health matters. These questions were: "Do you read newspaper items about health frequently, only occasionally or hardly ever?"; "Do you have any books or pamphlets on health that are related to adults that you refer to when you or anyone else in your household gets sick?"; and "How often do you discuss health matters with people you know . . . often, sometimes, or never?"

Looking first at the question about reading newspaper articles about health, we see that there is one significant baseline difference--the "B Viewed Some" group percentage is greater than the "B Non-Viewer" group--and three significant post-test differences--the percentages of the "B Viewed Some" group and the "A High Viewers" are both significantly larger than those of the "B Non-Viewer" group, and the "C Viewed Some" group is significantly larger than the "C Non-Viewer" group (Table 3.31). These data suggest that there is partial evidence for a viewing effect.

For the question about owning reference books on adult health matters, there is partial evidence of a viewing effect. The contrasts of the "B Viewed Some" group versus the "B Non-Viewers," and the "C Viewed Some" group versus the "C Non-Viewer" group are significant; note, however, there is a significant baseline difference between the latter two groups.

For the question regarding discussion of health matters with friends, again, there are two significant post-test differences. The contrasts between the "A High Viewers" and the "B Non-Viewers" and the "B Viewed Some" group and the "B Non-Viewers" are significant. Thus, there is also partial evidence of a viewing effect on this item.

Recall that in the summary of Season A behavioral impact the Wave III item on writing for information offered by television displayed a strong viewing effect. We would thus conclude that the programs

TABLE 3.31

GENERAL HEALTH INTEREST: OVERALL (SEASONS A PLUS B) IMPACT

(Per Cent)

| Viewing Group | | Sub-group | N | Read News-paper Health Article (Frequently) | | Have Reference Documents on Adult Illness (Yes) | | Discuss Health Matters with Friends (Often) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Wave I | Wave IV | Wave I | Wave IV | Wave I | Wave IV |
| Induced Viewer (A) | High | A1 | 49 | 41 | 57 | 51 | 69 | 61 | 67 |
| | | A2 | 14 | 50 | 64 | 43 | 71 | 64 | 57 |
| | | A4 | 13 | | 39 | | 69 | | 85 |
| | | Total | 76 | 43(63) | 55 | 49(63) | 70 | 62(63) | 68 |
| | Low | A1 | 60 | 40 | 53 | 43 | 60 | 55 | 63 |
| | | A2 | 15 | 27 | 27 | 40 | 53 | 53 | 40 |
| | | A4 | 12 | | 33 | | 50 | | 67 |
| | | Total | 87 | 37(75) | 45 | 43(75) | 58 | 55(75) | 60 |
| Induced Non-Viewer (B) | Viewed Some | B1 | 10 | 40 | 70 | 70 | 70 | 60 | 50 |
| | | B2 | 21 | 81 | 62 | 57 | 76 | 52 | 71 |
| | | B3 | 4 | | 25 | | 100 | | 100 |
| | | Total | 35 | 68(31) | 60 | 61(31) | 77 | 55(31) | 69 |
| | Non-Viewer | B1 | 17 | 29 | 29 | 47 | 53 | 65 | 47 |
| | | B2 | 64 | 41 | 47 | 50 | 58 | 50 | 45 |
| | | B3 | 19 | | 21 | | 63 | | 47 |
| | | Total | 100 | 38(81)$_{++}$ | 39$^{*}_{+}$ | 49(81) | 58$_{+}$ | 53(81) | 46$^{**}_{++}$ |
| Non-Induced Non-Viewer (C) | Viewed Some | C1 | 16 | 50 | 63 | 88 | 88 | 56 | 69 |
| | | C2 | 2 | | 100 | | 100 | | 100 |
| | | Total | 18 | 50(16) | 67 | 88(16) | 90 | 56(16) | 72 |
| | Non-Viewer | C1 | 60 | 42 | 33 | 42 | 60 | 52 | 52 |
| | | C2 | 18 | | 44 | | 44 | | 44 |
| | | Total | 78 | 42(60) | 36$_{+}$ | 42(60)$_{++}$ | 56$_{++}$ | 52(60) | 50 |

did have some effect on health interest, at least in the area of obtaining information about health matters. It did not, however, have a strong effect on interest in the sense of increasing the frequency of discussing health matters with friends. Health seems to be a popular topic of conversation among all respondents, leaving little room for program impact (see Feldman 1965, for a general discussion of the popularity of health topics in everyday conversations).

## Urging Others to Get Examinations

The Feeling Good programs were designed not only to inform the viewers of the programs, but also to convey a general message about the importance of health to everyone. It was hoped that there might be a "multiplier effect" in which information learned by the viewers would be passed on to others who had not seen the programs. In order to assess this possible effect, we asked one question on Waves II, III, and IV, and a second question on Wave IV as well, about activities that would get others to do something related to their own health. The two questions were: "Since we last talked with you, have you urged anyone else to have his or her blood pressure checked?" and "Have you urged anyone else to have a Pap smear test since March 1?" The results (Table 3.32) suggest that the programs did have some impact on both items.

On Wave II, there are no significant differences among the viewing groups in urging others to have their blood pressure checked. For Wave III, there are generally higher proportions reporting that they urged others to get their blood pressure checked, as we would expect because of the longer time period. There are also two significant differences on this wave: the "A High Viewers" versus the "B Non-Viewers," and the "C Viewed Some" group versus the "C Non-Viewer" group. This same pattern is repeated on Wave IV.

## TABLE 3.32

## URGING OTHERS TO GET EXAMINATIONS: OVERALL (SEASONS A PLUS B) IMPACT

(Per Cent)

| Viewing Group | | Sub-group | N | Urged Someone Else to Get Blood Pressure Checked Since Last Interview | | | Urged Someone Else to Get Pap Smear Since March 1st |
|---|---|---|---|---|---|---|---|
| | | | | Wave II | Wave III | (Since March 1st) Wave IV | Wave IV |
| Induced Viewer (A) | High | A1 | 49 | 49 | 65 | 65 | 53 |
| | | A2 | 14 | | 64 | 50 | 50 |
| | | A4 | 13 | | 69 | 85 | 39 |
| | | Total | 76 | 49(49) | 66 | 66 | 50 |
| | Low | A1 | 60 | 40 | 75 | 67 | 52 |
| | | A2 | 15 | | 53 | 47 | 53 |
| | | A4 | 12 | | 75 | 50 | 33 |
| | | Total | 87 | 40(60) | 71 | 61 | 49 |
| Induced Non-Viewer (B) | Viewed Some | B1 | 9 | 56 | 90 | 40 | 60 |
| | | B2 | 21 | | | 57 | 43 |
| | | B3 | 4 | | 75 | 75 | 50 |
| | | Total | 34 | 56 (9) | 86(13) | 54 | 49 |
| | Non-Viewer | B1 | 17 | 35 | 35 | 53 | 6 |
| | | B2 | 64 | | | 39 | 33 |
| | | B3 | 19 | | 47 | 53 | 42 |
| | | Total | 100 | 35(17) | 42(36)** | 44 ** | 30**‡‡ |
| Non-Induced Non-Viewer (C) | Viewed Some | C1 | 16 | | 69 | 50 | 44 |
| | | C2 | 2 | | 50 | 100 | 50 |
| | | Total | 18 | | 67 | 56 | 44 |
| | Non-Viewer | C1 | 60 | | 33 | 30 | 30 |
| | | C2 | 18 | | 33 | 17 | 33 |
| | | Total | 78 | | 33++ | 27**+ | 31 |

Thus, there is partical evidence of a viewing effect on this item for two waves. The "A High Viewer" versus "B Non-Viewer" contrast and the "B Viewed Some" versus "B Non-Viewer" contrast are significant on the item about urging someone else to have a Pap smear test.

We would thus conclude that viewing the programs had some effect in getting people to tell others about the importance of getting their blood pressure checked and having a Pap smear test, enen though, as we saw earlier, it had no effect on their own reported behavior.

## Summary

In summary, there appears to be no evidence of an impact on the three measures of fatalism. For one of the items, the presence of ceiling effects impeded the detection of a viewing effect. This reason, however, cannot be suggested for the absence of viewing effects on the other two items. We think that most attitudes toward health fatalism are probably embedded in a cognitive-affective structure that has developed over a long period of time, and it would not therefore be surprising that measures of these attitudes are insensitive to information conveyed through the media. On the other hand, seven of the contrasts (including the Wave III item) tested to detect the viewing effects on health interest are significant. Although three of these contrasts involve unexpected viewing groups, the "B Viewed Some" and "C Viewed Some" respondents, the pattern of results suggests that there is evidence of series impact on this variable. Finally, perhaps the strongest evidence of an overall impact is in the area of urging otners to get regular examinations. Three of the four outcome measures indicated significant viewing contrasts. Perhaps this finding should not have been totally unexpected, since expressions of altruistic interest are probably more sensitive to media impact than are one's own health behavior patterns.

## CHAPTER IV

## CONCLUSION: GOALS, FINDINGS, INTERPRETATIONS

The goal of this field experiment was to assess the impact of Feeling Good on women in a selected community with predominantly minority and low-income characteristics. This project can, therefore, be characterized as one type of summative evaluation since it attempted to measure the effect of the series on a variety of indicators of health knowledge, attitudes, and behavior.[1] In our opinion, the findings from this study can be used to address three major questions: 1) which specific health topics demostrate a viewing effect?; 2) which health messages did not get across to the viewers?; and 3) which health issues were already well-known and therefore could not indicate viewing effects?

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[1] In our readings of the literature we have found that there is some ambiguity about the defintion of purposes and strategies of evaluation studies. Consequently, some projects have been described as evaluations when, in fact, they are not. On the other hand, some investigators have avoided this characterization of their projects, whereas their findings and interpretations are directly related to evaluation issues. Hence, we think it is worth noting four major evaluation studies that differ from the NORC field experiment. The first is an evaluation of Feeling Good as an "economic good," which would provide data that could be used to facilitate decisions about the costs and benefits of various options for the allocation of production funds. A second evaluative strategy would compare Feeling Good's relative effectiveness with other television programs about health topics (such as "VD Blues") or other health campaigns. A third evaluation would be the analysis of the "selective effects" of Feeling Good; for example, the relative impact of the programs among various income groups. A fourth major strategy would evaluate the relative impact of the two seasons of Feeling Good. Although some readers may wish to impose such an interpretation on the findings in this report, we do not think that the design of the field experiment or the nature of the data collected allow for this type of an evaluative comparison.

The statistically significant findings from the analyses of outcome measures are summarized in Table 4.1. Thirty-eight of the outcome measures indicate some evidence of a significant viewing effect. Twelve of the significant impact measures show strong evidence (as determined by the number of significant contrasts) of a viewing effect, and the other twenty-six demonstrate partial evidence.[2] Categorizing the thirty-eight items in terms of information versus behavior content, we see that there are twenty-four (eleven with strong evidence) in the first category and fourteen (one with strong evidence) in the latter category. Thus, there is more evidence of significant impact on knowledge and attitudes than on behavior. We emphasize that these findings do not indicate that the series had more impact on knowledge and attitudes than on behavior. The distribution of results only show that there are more significant viewing effects on information items than on behavior items. There are too many differences between these two sets of items, such as the distribution of the number of outcome measures, conceptual distinctions, and measurement properties, to legitimately discuss their relative sensitivity to the impact of Feeling Good.

The distribution of significant outcome measures across each of the three major analyses are: twenty for Season A, twelve for Season B programs, and six for the Overall impact. We note that this distribution of findings does not indicate the relative effectiveness of the two seasons.

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[2] Note that there are three properties of the outcome measures that should be considered in the interpretations of the impact of Feeling Good on specific items: 1) the percentage differences among the viewing groups; 2) the significance level of each contrast; and 3) the number of significant contrasts. Unfortunately, because of the paucity of substantive models, we are unable to adequately understand the importance of percentage differences. Hence, most of our discussion of the findings has been focused on the latter two properties.

TABLE 4.1

SUMMARY OF THE STATISTICALLY SIGNIFICANT VIEWING EFFECTS

| Item | Contrasts | P-Level | Evidence |
|---|---|---|---|
| **Season A** | | | |
| **Knowledge and Attitudes:** | | | |
| Weak People Go To Psychologist (No-Wave II) | A High Viewer (78%, N=46) versus A Low Viewer (58%, N=63) | .05 | Partial |
| Para-Medical Personnel Can Do A Lot (Yes-Wave II) | A High Viewer (52%, N=46) versus A Low Viewer (35%, N=63)<br>A High Viewer (52%, N=46) versus B Non-Viewer (25%, N=24) | .05<br>.05 | Strong |
| Less Time to Steam than Boil Vegetables (Yes-Wave II) | A High Viewer (76%, N=46) versus B Non-Viewer (46%, N=24) | .05 | Partial |
| Good To Eat Turkey or Chicken Skin (No-Wave III) | A High Viewer (77%, N=66) versus A Low Viewer (55%, N=97)<br>A High Viewer (77%, N=66) versus B Non-Viewer (54%, N=46) | .01<br>.01 | Strong |
| Doesn't Matter What You Eat (No-Wave III) | A High Viewer (97%, N=66) versus A Low Viewer (88%, N=97) | .05 | Partial |
| Advanced Alcoholism Easier to Treat (No-Wave III) | A High Viewer (86%, N=66) versus A Low Viewer (75%, N=97)<br>A High Viewer (86%, N=66) versus B Non-Viewer (70%, N=46) | .05<br>.05 | Strong |
| Eggs Have High Cholesterol (Yes-Wave III) | A High Viewer (91%, N=66) versus B Non-Viewer (78%, N=46) | .05 | Partial |
| Margarine More Cholesterol Than Butter (No-Wave III) | A High Viewer (74%, N=66) versus A Low Viewer (54%, N=97)<br>A High Viewer (74%, N=66) versus B Non-Viewer (45%, N=46) | .01<br>.001 | Strong |
| Regular Exercise, Fewer Heart Attacks (Yes-Wave II) | A High Viewer (91%, N=46) versus A Low Viewer (75%, N=63) | .05 | Partial |
| Heart Diseases Run in Families (Yes-Wave III) | A High Viewer (92%, N=66) versus B Non-Viewer (76%, N=46) | .05 | Partial |
| Not Much Outside Hospitals (No-Wave III) | A High Viewer (73%, N=66) versus A Low Viewer (58%, N=97)<br>A High Viewer (73%, N=66) versus B Non-Viewer (54%, N=46) | .05<br>.05 | Strong |
| Besides Diet, Not Much to Prevent Heart Attack (No-Wave III) | A High Viewer (86%, N=66) versus A Low Viewer (74%, N=97)<br>A High Viewer (86%, N=66) versus B Non-Viewer (57%, N=46) | .05<br>.001 | Strong |
| Parents Can Always Tell If Child Has Hearing Problem (No-Wave II) | A High Viewer (76%, N=46) versus A Low Viewer (46%, N=63) | .001 | Partial |

Table 4.1--Continued

| Item | Contrasts | P-Level | Evidence |
|---|---|---|---|
| Health Behavior: | | | |
| Made Special Effort to Eat Fruit Since Last Interview (Wave II) | A High Viewer (70%, N=46) versus B Non-Viewer (42%, N=24) | .05 | Partial |
| Made Special Effort to Eat Fruit Since Last Interview (Wave III) | A High Viewer (70%, N=66) versus B Non-Viewer (52%, N=46) | .05 | Partial |
| Examine Your Breasts Since Last Interview (Wave II) | A High Viewer (80%, N=46) versus B Non-Viewer (54%, N=24) | .05 | Partial |
| Examine Your Breasts Since Last Interview (Wave III) | A High Viewer (80%, N=66) versus B Non-Viewer (57%, N=46) | .01 | Partial |
| Have Poison Control Number Written Down (Wave III) | A High Viewer (37%, N=32) versus B Non-Viewer (7%, N=28) | .01 | Partial |
| Wrote for Information Offered on TV (Yes-Wave III) | A High Viewer (21%, N=66) versus A Low Viewer (7%, N=97)<br>A High Viewer (21%, N=66) versus B Non-Viewer (4%, N=46) | .01<br>.01 | Strong |
| Doctor/Patient Communication: | | | |
| Patient Has Right to Say No to Doctor (Yes-Wave III) | A High Viewer (91%, N=66) versus A Low Viewer (79%, N=97) | .05 | Partial |
| Season B Programs | | | |
| Program 2 Alcoholism: | | | |
| Only Call People "Alcoholics" If Can't Work (No-Wave IV) | A Viewer (82%, N=78) versus A Non-Viewer (65%, N=158)<br>A Viewer (82%, N=78) versus B Non-Viewer (65%, N=103) | .01<br>.01 | Strong |
| Easier To Cure Person Who Doesn't Know if He is Alcoholic (No-Wave IV) | A Viewer (86%, N=78) versus A Non-Viewer (75%, N=158) | .01 | Partial |
| Parents and Children Drinking (Yes-Wave IV) | A Viewer (53%, N=78) versus A Non-Viewer (41%, N=158)<br>A Viewer (53%, N=78) versus B Non-Viewer (39%, N=103) | .05<br>.05 | Strong |

Table 4.1--Continued

| Item | Contrasts | P-Level | Evidence |
|---|---|---|---|
| Program 4 Vision: | | | |
| Child's Eyes Should be Checked (Before 5 years old - Wave IV) | A Viewer (82%, N=50) versus B Non-Viewer (65%, N=103) | .05 | Partial |
| Diabetes in Family Greater Risk of Glaucoma (Yes-Wave IV) | A Viewer (63%, N=50) versus B Non-Viewer (39%, N=103) | .01 | Partial |
| Program 5 Breast Cancer: | | | |
| First Learned About Breast Cancer From (Television-Wave IV) | A Viewer (40%, N=89) versus A Non-Viewer (27%, N=134)<br>A Viewer (40%, N=89) versus B Non-Viewer (7%, N=91) | .05<br>.001 | Strong |
| Even With Early Detection Majority of Women With Breast Cancer Die From It (No-Wave IV) | A Viewer (88%, N=91) versus A Non-Viewer (79%, N=146)<br>A Viewer (88%, N=91) versus B Non-Viewer (68%, N=103) | .01<br>.001 | Strong |
| After Breast Removal, Women Can Have Normal Sex Life (Yes-Wave IV) | A Viewer (98%, N=91) versus B Non-Viewer (88%, N=103) | .01 | Partial |
| How Often Should Woman Examine Breasts for Lumps (Every Month-Wave IV) | A Viewer (75%, N=91) versus A Non-Viewer (61%, N=146)<br>A Viewer (75%, N=91) versus B Non-Viewer (51%, N=103) | .05<br>.001 | Strong |
| Did You Ever Examine Your Own Breasts for Lumps (Yes-Wave IV) | A Viewer (98%, N=91) versus B Non-Viewer (87%, N=103) | .01 | Partial |
| When Did You Start Examining Your Breasts (Within Last 3 Months-Wave IV) | A Viewer (15%, N=91) versus B Non-Viewer (3%, N=103) | .01 | Partial |
| Program 6 Stress: | | | |
| Taking Tranquilizers Good for Stress (No-Wave IV) | A Viewer (86%, N=63) versus B Non-Viewer (73%, N=103) | .05 | Partial |

TABLE 4.1--Continued

| Item | Contrasts | P-Level | Evidence |
|---|---|---|---|
| Overall (Seasons A Plus B) | | | |
| General Health Interest: | | | |
| Read Newspapers -Health Articles (Frequently-Wave IV) | A High Viewer (55%, N=76) versus B Non-Viewer (39%, N=100)<br>C Viewed Some (67%, N=18) versus C Non-Viewer (36%, N=78) | .05<br>.05 | Partial |
| Have Reference Documents on Adult Illness (Yes-Wave IV) | B Viewed Some (77%, N=35) versus B Non-Viewer (58%, N=100) | .05 | Partial |
| Discuss Health Matters with Friends (Often-Wave IV) | A High Viewer (68%, N=76) versus B Non-Viewer (46%, N=100)<br>B Viewed Some (69%, N=35) versus B Non-Viewer (46%, N=100) | .01<br>.01 | Partial |
| Urging Others to Get Exams: | | | |
| Urged Someone Else to Get Blood Pressure Check Since Last Interview (Wave III) | A High Viewer (66%, N=76) versus B Non-Viewer (42%, N=36)<br>C Viewed Some (67%, N=18) versus C Non-Viewer (33%, N=78) | .01<br>.01 | Partial |
| Urged Someone Else to Get Blood Pressure Check Since March 1 (Wave IV) | A High Viewer (66%, N=76) versus B Non-Viewer (44%, N=100)<br>C Viewed Some (56%, N=18) versus C Non-Viewer (27%, N=78) | .01<br>.05 | Partial |
| Urged Someone Else to Get Pap Smear Since March 1 (Wave IV) | A High Viewer (50%, N=76) versus B Non-Viewer (30%, N=100)<br>B Viewed Some (49%, N=34) versus B Non-Viewer (30%, N=100) | .01<br>.01 | Partial |

There were at least four differences between the assessments of the two seasons that prohibit such comparative statements with these data: 1) the number of interview points, 2) the number of items, 3) the distribution of types of items (knowledge, attitudes, and behavior), and 4) the number of items that displayed ceiling effects. In addition, since there are substantial overlaps in the membership of the viewing groups for the three analyses (cf. Tables 2.6 and 2.9), it is possible that some of the Season B and Overall effects are actually due to lag effects from Season A viewing. Unfortunately, there are no straightforward strategies to estimate the size of such lag effects.

Examining the significant outcome measures by substantive content, we see that five health topics account for over 60 per cent of the significant items. The first topic is breast cancer, particularly self-examination. Eight outcome measures for this topic, including both information and behavior items from both seasons, display significant viewing effects. A second health topic is heart attacks, for which five information items in Season A demonstrate significant viewing effects. A third topic, alcoholism, contains four significant outcome measures. All four of these items are informational, but significant viewing effects are found in both Season A and in Season B program #2. A fourth topic, general health interest, also contained four significant outcome measures. All four of these items, one in Season A analysis and three in the Overall analysis, are concerned with behavior. The fifth topic is urging others to get regular examinations. Three items developed to measure these types of behavior display significant viewing effects in the Overall analysis. The other outcome measures that show significant differences among the viewing groups are in the areas of poison control, stress, vision, diet, doctor/patient communication and general information. Thus, though there are a wide range of health topics that show some evidence of an impact of viewing Feeling Good, the majority of the significant outcome measures are in the five areas of breast cancer, heart attacks, alcoholism, general health interest, and urging others to get regular examinations. (Again, we caution the reader to refrain from attempting comparative evaluations. The caveats mentioned previously in reference to the information versus behavior differences and the season differences are also applicable to the differences across substantive domains.)

In addition to the above-measured effects of Feeling Good, we think there are at least four unmeasured areas in which the series may have had a beneficial impact. The first is the long-term (or lag) effects of the programs--the NORC field experiment was designed to ascertain only the short-term impact of the series. A second area is unmeasured behavior change that occurred as a result of information learned from viewing the series. Third, there were several health messages in the programs which were not asked about in the interviews. Fourth, since a majority of the viewers reported watching the programs with other people, it is likely that persons other than the respondents (particularly members of the same household), benefited from the induced viewing experience.

In contrast to the significant results, we found seven items for which detectable effects were possible, which, however, showed no evidence of an impact. Five of these items are in the domain of knowledge and attitudes: the reversibility of the effects of smoking, what a disclosing tablet is, that veal is the best meat for persons with heart problems, that stress can be helpful, and a fatalism question about expecting a good deal of illness. The other two items dealt with behavior: getting hearing and vision examinations for young children. For most of these seven items, less than half of the respondents across all groups gave the "correct" answer, and there were no significant viewing effects. Since these items are not representative of any particular topic, but instead span a wide range of themes, we conclude that these nonsignificant findings indicate that only specific aspects of the health topics under study (and not the overall health topics themselves) were not affected by the series. Planners of future health programs and campaigns should be aware of the public's general ignorance on these health matters and allocate resources for the development of methods that will overcome this lack of knowledge.

To address the third major question, which topics were well known before Feeling Good began, we examine the presence of ceiling effects in the items. These effects were noticeable for about 25 of the outcome measures in which the average percentage of a specific response across the viewing groups was at least 85 per cent. Items that were particularly affected by these skewed distributions of responses were in the areas of breast cancer, heart attacks, and child immunizations. Although it was virtually impossible for these items to display a viewing effect, it is encouraging to find that a large majority of the respondents reported high levels of knowledge and good health behavior in these areas. We should also note that despite the fact that Feeling Good did not have a measurable impact effect on these items, it is possible that the programs may have had a "sustaining effect" on the health topics indicated by these items. For example, even though many of the women reported having regular Pap smear tests, some of the viewers may have questioned the necessity of these examinations and might subsequently have discontinued going regularly for such tests if they had not received messages supporting regular examinations from the Feeling Good programs. Unfortunately, because of the general lack of conceptual understanding and sophistication in measurement procedures for assessing "sustaining effects," we cannot easily estimate the size of these effects in the data. A general implication of the ceiling effect findings, however, is that when social planners propose to initiate programs that will educate people on health matters and attempt to demonstrate the effectiveness of their programs, they need to have information about the pre-program distribution of health knowledge in the target population.

Even though the number of significant outcome measures is, to be sure, greater than that expected by chance, besides ceiling effects, there are at least three other factors that may have impeded the detection of an even greater number of significant results. The first factor is the small sample sizes. In terms of statistical power, our analysis was not able to classify relatively small differences as significant. Approximately twenty of the outcome measures displayed trends suggestive of viewing effects--that is, there were differences among the treatment groups in the direction indicative of an impact--however, because the N's were not large, these trends were not statistically significant. Because of financial limitations, sample size problems are pervasive in most evaluation studies that seek to demonstrate positive treatment effects. In the NORC field experiment this problem was compounded by two factors: 1) it was impossible to estimate a priori the size of the viewing effects (naturally, expected small effects would have necessitated the usage of relatively large samples, whereas smaller samples would have sufficed if the expected effects were large); and 2) the occurrence of selection bias and our subsequent decision to control for this bias resulted in unequal viewing group sizes, whereas, ideally, the viewer and non-viewer groups would have been of equal size. We urge that investigators who are planning future social experiments be aware of the complexities of the sample size issues, and allocate sufficient resources to obtain samples of appropriate size to adequately test the effectiveness of programs.

The measurement characteristics of the outcome items are a second factor that may have influenced the number of significant results. As discussed in Chapter I, the science of questionnaire construction is still in an early stage of development. Consequently, the numerous problems of self-report items tend to decrease the likelihood of detecting the significant effects of viewing Feeling Good. We emphasize, however, that measurement techniques do not increase in sophistication unless there is a concomitant development in conceptual models. As has been succinctly stated in a recent review of the research literature on the impact of television (Comstock 1975), there is a paucity of scientific understanding about the effects of viewing television.

A third factor that may have decreased the chances of detecting significant viewing effects was the sequence of decisions we made in the construction of the posterior-defined treatment groups. Recall that we thought the evidence of selection bias in viewing the programs necessitated the construction of new treatment groups. This decision to reassign respondents obviously jeopardized the external validity (generalizability) of the findings; however, we thought that it increased the internal validity. As discussed in Chapter II, there were at least two strategies other than the use of knowledge items for dealing with the intra-group variation in viewing patterns (ignore selection bias and therefore maintain original treatment groups, or reassign respondents to groups according to self-report viewing patterns). It is possible that following either one of these other strategies might have produced a different set of results and interpretations about the impact of Feeling Good. Even if one accepted our basic decisions about the necessity of constructing posterior-defined treatment groups, there were several subsequent decision points that presented opportunities for alternative judgments; for example, the cutting points on the knowledge scales. We acknowledge that many of the design and analytic decisions were not straightforward, and alternative choices may have been as defensible as those we selected. The important point to emphasize here, though, is that decisions about problems related to unexpected occurrences--for example, adequate measurement of viewing and classifications of respondents into posterior-defined viewing treatment groups--during an experiment will probably have major influence on the interpretation of treatment effects. Thus, we suggest that further analysis of these data be done to estimate the stability of findings across various decision structures about the nature of the treatment. The convergence on a set of items which display significant effects across the multiple analyses will increase the credibility of statements about the impact of Feeling Good.

In conclusion, we interpret the findings from this field experiment as demonstrating that Feeling Good did have a significant impact on several different measures of health knowledge, attitudes, and behaviors, in a low-income sample of women. The data and the design of this study do not allow for inferences about the relative impact of Feeling Good among various demographic groups, or about the effectiveness of the series as compared to other health-oriented media campaigns. We have observed that the management of a field experiment and the subsequent analysis of the collected data require complex decisions that undoubtedly have significant influence on the interpretation of the findings. Despite the attendant complexities and problems of this field experiment, the empirical findings presented here provide valuable information about the impact of Feeling Good that is unobtainable from any other kind of study. We agree with those social scientists who think that social experimentation is the most powerful method for evaluating programs and analyzing policy issues (e.g., Riecken and Boruch [eds.], 1974). In the future, investigators who attempt to address complex issues, such as the impact of a television series, should consider experimentation as a serious alternative to traditional survey designs.

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## APPENDICES

- A. The Community Monitoring Project
- B. Marginal Distributions to All Questionnaire Items
- C. Non-treatment Effects: Demographic Characteristics and Selection Bias Tables
- D. Knowledge Items
- E. Questionnaires, Interviewer Instructions and Sampling Instructions
- F. Materials Sent to Respondents

# APPENDIX A

## The Community Monitoring Project

## Community Monitoring

Because the induced viewing experiment was being conducted in one community within the Dallas area, it looked as if it would be possible to monitor the health care provided in that community during the period that Feeling Good was to be shown. If it could be determined that there were changes in the level or patterns of demand for health services or information, we would have a behavioral check on the self-reported changes that we were picking up in the interviews.

Within the target community there are three hospitals (one of which has 500 beds and is extremely sophisticated), a public health care center, roughly 12 storefront health clinics (operating at somewhat unpredictable times, as volunteer workers can be located to assist with the effort of running such clinics), and a number of private doctors. Efforts were made to develop objective measures of particular uses of these health care facilities which might be expected to vary as a function of the information provided in Feeling Good. Unfortunately, a successful monitoring program could not be established during the time limits of the field experiment.

The assumption at the outset of the research project was that health facilities--hospitals, clinics, and even storefront facilities--maintain records to provide accountability for their activities in order to support budget requests from funding sources. Contrary to this assumption, we found that the community facilities in Oak Cliff either do not maintain useful records, or, if they do, do not compile individual records in order to provide an aggregate statistical profile of their activities. As a result of these record-keeping problems, there was difficulty in monitoring the experience of the health care providers in the area. First, there was a general reluctance on the part of most administrators to make a commitment to provide the necessary information. Second, though it was in most cases possible to overcome this reluctance by providing more information about the nature of the Feeling Good project when it came to more detailed discussion of the kinds of records that would be necessary for the measurement of community impact, it was determined that, although the information was theoretically available, it was almost always available only by individual record, not in summary form.

In order to determine more fully the type of effort that would be needed to monitor the services, a representative of NORC visited one hospital, one private clinic, and one Dallas City Health Department clinic in the area. From these visits it became apparent that few if any clinics or hospitals compiled summary data by category of illness or complaint, and that monitoring these activities would require that we hand count and tabulate data by individual records to create the necessary summary information. To do this, one would, of course, need access to individual medical records, and this access would not be granted because of the confidentiality of such records. An alternative procedure for gathering first-hand data from patients, and possibly physicians and nurses at the clinics and hospitals, was therefore considered. A brief form for recording such data has been developed by NORC in connection with the National Ambulatory Medical Care Survey for the National Center for Health Statistics. The difficulty with this approach, however, is that it requires the cooperation of the physician and the clinic for a considerable length of time.

NORC's experience with the National Ambulatory Medical Care Survey is that, with extensive effort, physicians can be enlisted to do such a task for a short period of time, but that it is unlikely that it can be sustained over a long enough period of time or for a large enough group within one community to yield reasonably useful results for an evaluation of a program.

Because of these difficulties with the original conceptualization of the monitoring task and the length of time necessary to develop alternative procedures, as well as the potential cost of these procedures, the monitoring project was reluctantly abandoned.

# APPENDIX B

## Marginal Distributions to All Questionnaire Items

Wave I

Wave II

Wave III

Wave 3.5

Wave IV

WAVE I

1. In general, how often do you watch TV on weekdays--would you say

Subsample
(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Nearly ever day. . . . | 87 | 90 | 86 | 89 | 82 | 80 | 85 | 93 |
| 2 or 3 times a week . . . . . . . . | 10 | 10 | 12 | 11 | 11 | 13 | 11 | 4 |
| Once a week . . . . . | 1 | 0 | 0 | 0 | 4 | 3 | 1 | 2 |
| Less often than that . | 2 | 0 | 1 | 0 | 4 | 4 | 2 | 2 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (75) |

2. About how many hours altogether do you usually watch TV during the week -- not including Saturday and Sunday?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Under 4 hours . . . . | 6 | 7 | 5 | 7 | 16 | 11 | 9 | 7 |
| 4 less than 6 hours . . | 9 | 0 | 8 | 7 | 8 | 4 | 7 | 4 |
| 6 less than 10 . . . . | 7 | 14 | 8 | 4 | 4 | 17 | 9 | 9 |
| 10 less than 15 . . . | 10 | 17 | 1 | 11 | 12 | 13 | 10 | 7 |
| 15 less than 20 . . . | 7 | 14 | 22 | 26 | 13 | 9 | 13 | 7 |
| 20 or more hours . . . | 60 | 48 | 54 | 44 | 47 | 45 | 51 | 62 |
| Don't know . . . . . . | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 3 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

**WAVE I**

3. Do you ever watch television at any time between 8 p.m. and midnight on Sundays?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . | 88 | 97 | 93 | 85 | 85 | 83 | 88 | 84 |
| N. . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

4. How many television sets, in good working order, do you have here?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| 1. . . . . . . . . . | 63 | 64 | 57 | 63 | 55 | 57 | 59 | 48 |
| 2. . . . . . . . . . | 28 | 32 | 31 | 22 | 28 | 29 | 29 | 35 |
| 3. . . or more . . | 8 | 4 | 12 | 15 | 16 | 14 | 12 | 16 |
| N. . . . . . . . . . | (109) | (28) | (74) | (27) | (85) | (76) | (399) | (68) |

**WAVE I**

5. When you turn on television, how often do you watch . . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| **A. A news program?** | | | | | | | | |
| Often . . . . . . | 84 | 66 | 84 | 78 | 69 | 75 | 77 | 74 |
| Sometimes . . . . | 12 | 31 | 11 | 15 | 21 | 18 | 16 | 21 |
| Hardly ever . . . | 4 | 3 | 5 | 7 | 8 | 5 | 5 | 3 |
| Never . . . . . . | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 3 |
| N . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |
| **B. An entertainment program?** | | | | | | | | |
| Often . . . . . . | 65 | 66 | 64 | 56 | 52 | 49 | 58 | 65 |
| Sometimes . . . . | 28 | 31 | 31 | 41 | 31 | 30 | 30 | 32 |
| Hardly ever . . . | 6 | 3 | 5 | 4 | 15 | 13 | 9 | 3 |
| Never . . . . . . | 1 | 0 | 0 | 0 | 2 | 8 | 2 | 0 |
| N . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |
| **C. A program that teaches about how to do things, like cooking, taking care of plants how to take care of you and your family's health, or exercise?** | | | | | | | | |
| Often . . . . . . | 23 | 31 | 16 | 7 | 16 | 14 | 18 | 26 |
| Sometimes . . . . | 45 | 24 | 51 | 33 | 33 | 28 | 38 | 35 |
| Hardly ever . . . | 20 | 31 | 26 | 30 | 33 | 32 | 28 | 22 |
| Never . . . . . . | 12 | 14 | 7 | 30 | 18 | 26 | 16 | 16 |
| N . . . . . . . . | (109) | (29) | (73) | (27) | (85) | (76) | (399) | (68) |
| **D. Any program just because it happens to be on?** | | | | | | | | |
| Often . . . . . . | 23 | 17 | 14 | 15 | 18 | 18 | 18 | 21 |
| Sometimes . . . . | 35 | 24 | 32 | 26 | 24 | 28 | 29 | 31 |
| Hardly ever . . . | 27 | 38 | 36 | 33 | 32 | 30 | 32 | 24 |
| Never . . . . . . | 16 | 21 | 18 | 26 | 26 | 24 | 21 | 24 |
| N . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | ([illegible]) |

## WAVE I

7. When you watch television, which channel do you watch the most?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| CHANNEL 4 (KDFW - CBS). . | 30 | 31 | 36 | 15 | 32 | 45 | 33 | 25 |
| CHANNEL 5 (WBAP - NBC). . | 10 | 3 | 8 | 15 | 7 | 12 | 9 | 9 |
| CHANNEL 8 (WFAA - ABC). . | 29 | 17 | 31 | 33 | 32 | 24 | 28 | 31 |
| CHANNEL 11 (KTVT - IND) . | 18 | 17 | 8 | 22 | 19 | 12 | 15 | 21 |
| CHANNEL 13 (KERA - PBS) . | 3 | 3 | 4 | 0 | 2 | 1 | 3 | 2 |
| CHANNEL 39 (UHF - KXTX) . | 2 | 7 | 1 | 4 | 1 | 4 | 3 | 2 |
| DON'T KNOW . . . . . . . | 7 | 17 | 7 | 11 | 1 | 1 | 6 | 9 |
| MORE THAN ONE CHANNEL . . | 2 | 3 | 4 | 0 | 6 | 0 | 3 | 3 |
| N . . . . . . . . . . . . . | (108) | (29) | (74) | (27) | (85) | (75) | (398) | (68) |

8. How much do you watch Channel 13?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Nearly every day. . . . | 22 | 28 | 23 | 15 | 21 | 12 | 20 | 26 |
| 2 or three times a week . . . . . . . | 38 | 24 | 26 | 19 | 25 | 20 | 27 | 22 |
| Once a week . . . . . . | 17 | 31 | 19 | 26 | 16 | 14 | 18 | 15 |
| Less than that . . . . | 18 | 17 | 27 | 22 | 31 | 20 | 23 | 25 |
| Never . . . . . . . . . | 5 | 0 | 5 | 19 | 7 | 34 | 11 | 10 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

## WAVE I

10. Do you read newspaper items about health . . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Frequently . . . . . . | 40 | 38 | 45 | 33 | 51 | 43 | 43 | 35 |
| Only occasionally . . . | 41 | 52 | 36 | 41 | 26 | 28 | 35 | 32 |
| Hardly ever . . . . . | 18 | 10 | 19 | 26 | 24 | 29 | 21 | 32 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

A. IF "HARDLY EVER." Is this because you . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Don't read the newspapers much . . | 85 | 67 | 62 | 67 | 80 | 77 | 76 | 54 |
| You usually skip the health columns . | 10 | 33 | 38 | 17 | 20 | 14 | 19 | 36 |
| Other. . . . . . . . . | 5 | 0 | 0 | 17 | 0 | 9 | 5 | 9 |
| N . . . . . . . . . . . | (20) | (3) | (13) | (6) | (20) | (22) | (84) | (22) |

11. Have you read any magazine columns or articles about health or medicine in the last month?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 65 | 76 | 65 | 63 | 61 | 62 | 64 | 57 |
| N . . . . . . . . . . . | (108) | (29) | (74) | (27) | (85) | (76) | (399) | (68) |

A. IF "NO." Is that because you . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Don't often read magazines. . . . . . . | 89 | 86 | 73 | 75 | 85 | 76 | 81 | 62 |
| Usually skip articles about health . . . . . . . . . | 5 | 0 | 15 | 13 | 9 | 3 | 8 | 28 |
| Other . . . . . . . . . . | 5 | 14 | 8 | 13 | 6 | 21 | 10 | 10 |
| Don't know . . . . . . . . | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . . . | (37) | (7) | (26) | (8) | (33) | (29) | (140) | (29) |

**WAVE I**

12. Do you watch doctor series on TV--such as Marcus Welby, Medical Center, or programs of that sort...

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Regularly . . . . . . | 70 | 59 | 65 | 33 | 55 | 51 | 59 | 71 |
| Only ocassionally . | 24 | 28 | 31 | 48 | 32 | 33 | 31 | 22 |
| Hardly ever . . . . | 6 | 14 | 4 | 19 | 13 | 16 | 10 | 7 |
| N . . . . . . . . . . | (108) | (29) | (74) | (27) | (84) | (75) | (397) | (68) |

13. Do you watch television documentaries or specials dealing with health or medicine . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Most of the time that they are shown. . . | 41 | 48 | 54 | 41 | 34 | 30 | 40 | 48 |
| Only occasionally . | 41 | 34 | 30 | 37 | 41 | 42 | 38 | 38 |
| Hardly ever . . . . | 17 | 17 | 16 | 22 | 25 | 28 | 21 | 13 |
| N . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

14. In general, as far as uou personally are concerned, do you feel there are . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Too many stories, articles, radio and television programs about health. . . . | 0 | 31 | 1 | 4 | 1 | 3 | 2 | 7 |
| Not enough of them . . . . . . . | 85 | 83 | 88 | 67 | 76 | 72 | 80 | 75 |
| About right . . . . | 12 | 10 | 9 | 11 | 16 | 13 | 13 | 16 |
| Don't know . . . . | 3 | 3 | 1 | 19 | 6 | 12 | 6 | 2 |
| N . . . . . . . . . . | (108) | (29) | (74) | (27) | (85) | (76) | (399) | (68) |

**WAVE I**

15. Do you have any books or pamphlets on health that relate to adults that you refer to when you or anyone else in your household gets sick?

**Subsample**

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 47 | 41 | 50 | 56 | 52 | 51 | 49 | 47 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

**IF CHILD(REN) UNDER 6 IN HOUSEHOLD:**

16. Do you have any books or pamphlets on health that relate to children only, that you refer to when a child gets sick?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . . . | 39 | 25 | 55 | 47 | 51 | 61 | 48 | 52 |
| N . . . . . . . . . . . | (56) | (16) | (40) | (15) | (47) | (38) | (212) | (42) |

**WAVE I**

17. When a leaflet concerning health is given to you -- do you . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Usually read it . . . | 82 | 86 | 82 | 85 | 80 | 84 | 82 | 78 |
| Sometimes read it . . | 13 | 10 | 16 | 7 | 14 | 11 | 13 | 21 |
| Usually not read it . | 5 | 3 | 0 | 4 | 6 | 5 | 4 | 2 |
| Never get one . . . . | 1 | 0 | 1 | 4 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (75) | (399) | (68) |

18. How often do you discuss health matters with people you know . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Often . . . . . . . . | 58 | 59 | 55 | 63 | 51 | 53 | 55 | 52 |
| Sometimes . . . . . . | 36 | 31 | 35 | 37 | 46 | 38 | 38 | 40 |
| Never. . . . . . . . | 6 | 10 | 9 | 0 | 4 | 8 | 6 | 9 |
| Don't know. . . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| N. . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (399) | (68) |

19. Have you ever asked a druggist or pharmacist for advice about what to do when someone in your familu gets sick?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . | 55 | 48 | 70 | 78 | 62 | 57 | 61 | 53 |
| N. . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

**WAVE I**

20. Did you or any one else in your household ever have . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| A. Heart trouble? | | | | | | | | |
| Yes. . . . . . . . . . | 17 | 10 | 12 | 15 | 15 | 13 | 14 | 7 |
| N. . . . . . . . . . . | (109) | (29) | (73) | (27) | (84) | (76) | (398) | (68) |
| B. High blood pressure (hypertension)? | | | | | | | | |
| Yes. . . . . . . . . . | 40 | 17 | 32 | 37 | 37 | 41 | 36 | 29 |
| Don't know . . . . . | 1 | 0 | 0 | 4 | 0 | 1 | 1 | 0 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| C. Hardening of the arteries? | | | | | | | | |
| Yes. . . . . . . . . . | 8 | 7 | 3 | 4 | 4 | 9 | 6 | 4 |
| Don't know . . . . . | 1 | 0 | 1 | 4 | 0 | 0 | 1 | 0 |
| N. . . . . . . . . . . | (108) | (29) | (74) | (27) | (84) | (76) | (398) | (68) |
| D. Tumor, cyst or growth? | | | | | | | | |
| Yes. . . . . . . . . . | 20 | 17 | 22 | 30 | 30 | 26 | 0 | 16 |
| Don't know . . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| E. Mental or emotional trouble? | | | | | | | | |
| Yes. . . . . . . . . . | 7 | 7 | 5 | 15 | 6 | 9 | 8 | 13 |
| Don't know . . . . . | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| F. Cancer? | | | | | | | | |
| Yes. . . . . . . . . . | 4 | 0 | 4 | 0 | 6 | 8 | 5 | 2 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| G. Trouble with hearing? | | | | | | | | |
| Yes. . . . . . . . . . | 21 | 21 | 23 | 15 | 17 | 17 | 19 | 16 |
| Don't know . . . . . | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| H. Trouble with seeing--even with glasses? | | | | | | | | |
| Yes. . . . . . . . . . | 27 | 24 | 18 | 37 | 38 | 24 | 27 | 21 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| I. Trouble with being overweight or very underweight? | | | | | | | | |
| Yes. . . . . . . . . . | 26 | 21 | 23 | 59 | 24 | 30 | 28 | 24 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |
| J. Trouble due to toomuch drinking? | | | | | | | | |
| Yes. . . . . . . . . . | 4 | 0 | 1 | 4 | 2 | 0 | 2 | 3 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (75) | (398) | (68) |
| K. A lot of trouble with teeth? | | | | | | | | |
| Yes. . . . . . . . . . | 29 | 38 | 31 | 38 | 43 | 39 | 36 | 27 |
| N. . . . . . . . . . . | (109 | (29) | (74) | (26) | (84 | (76) | (398) | (68) |

WAVE I

21. When was the last time you had a routine physical check-up when nothing was bothering you and you didn't have to have one because of a job or anything like that -- was it . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Less than 3 months ago . . . . . . . . | 18 | 17 | 20 | 11 | 21 | 13 | 18 | 29 |
| Between 3 and 6 months ago . . . . | 18 | 21 | 16 | 15 | 14 | 16 | 16 | 10 |
| Between 6 months and a year ago. . . | 26 | 24 | 23 | 26 | 21 | 25 | 24 | 16 |
| More than a year ago, or . . . . . . . | 21 | 17 | 26 | 26 | 21 | 22 | 22 | 22 |
| Have you never gone for a check-up when nothing was bothering you . | 18 | 21 | 15 | 22 | 22 | 24 | 20 | 21 |
| N . . . . . . . . . . | (107) | (29) | (74) | (27) | (85) | (76) | (398) | (68) |

IF R RESPONDED OTHER THAN "HAVE YOU NEVER GONE. . ."

22. About how often do you usually get a physical check-up even though you aren't sick, just to make sure everything is all right?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| About every 3 months. . | 4 | 4 | 2 | 0 | 3 | 0 | 2 | 6 |
| About every 6 months. . | 16 | 30 | 16 | 14 | 20 | 7 | 16 | 24 |
| About every year . . . | 61 | 43 | 62 | 52 | 64 | 67 | 61 | 54 |
| Other . . . . . . . | 19 | 22 | 19 | 33 | 12 | 22 | 19 | 17 |
| Don't know . . . . . . | 0 | 0 | 2 | 0 | 2 | 3 | 1 | 0 |
| N . . . . . . . . . . | (90) | (23) | (63) | (21) | (66) | (58) | (321) | (54) |

**WAVE I**

23. Did a doctor ever examine your breasts for the presence of any lumps?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes | 82 | 83 | 80 | 81 | 86 | 92 | 84 | 81 |
| No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |
| A. IF "YES," When was the last time -- was it . . . | | | | | | | | |
| Within the last 3 months | 26 | 29 | 32 | 27 | 30 | 20 | 27 | 40 |
| Between 3 and 6 months ago | 21 | 17 | 12 | 14 | 19 | 21 | 18 | 16 |
| Between 6 months and a year ago | 33 | 33 | 34 | 41 | 30 | 30 | 32 | 18 |
| Between a year and 2 years ago | 12 | 17 | 14 | 14 | 10 | 13 | 12 | 16 |
| Longer ago than that | 8 | 4 | 8 | 5 | 11 | 16 | 10 | 9 |
| N | (89) | (24) | (59) | (22) | (73) | (70) | (337) | (55) |
| IF "WITHIN THE LAST 3 MONTHS." | | | | | | | | |
| 1. Was it before you learned of the operation of the President's wife, or after? | | | | | | | | |
| Before | 70 | 57 | 63 | 67 | 64 | 50 | 63 | 77 |
| After | 26 | 43 | 37 | 17 | 32 | 36 | 32 | 23 |
| Don't know | 4 | 0 | 0 | 17 | 5 | 14 | 5 | 0 |
| N | (23) | (7) | (19) | (6) | (22) | (14) | (91) | (22) |
| B. In general, how often do you have a doctor examine your breasts? | | | | | | | | |
| Every 3 months | 3 | 0 | 2 | 0 | 3 | 1 | 2 | 4 |
| Every 6 months | 25 | 13 | 25 | 5 | 23 | 10 | 19 | 26 |
| Every year | 49 | 58 | 58 | 73 | 55 | 57 | 56 | 38 |
| Every 2 years | 3 | 4 | 5 | 5 | 1 | 6 | 4 | 6 |
| Less often than that | 7 | 8 | 3 | 9 | 10 | 11 | 8 | 14 |
| No regular time | 12 | 17 | 5 | 9 | 8 | 13 | 10 | 11 |
| Don't know | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 2 |
| N | (89) | (24) | (59) | (22) | (71) | (70) | (335) | (55) |

**WAVE I**

24. Have you ever heard of Breast Self Examination -- where a woman examines her own breasts for the presence of lumps?

**Subsample**

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 88 | 90 | 89 | 89 | 88 | 86 | 88 | 84 |
| N . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

**IF "NO" SKIP TO QUESTION 28.**

**WAVE I**

25. Did you ever examine your own breasts for the presence of lumps?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . . | 83 | 85 | 86 | 71 | 88 | 84 | 84 | 88 |
| N . . . . . . . . . . . . . | (95) | (26) | (66) | (24) | (75) | (64) | (350) | (57) |

IF "YES".

A. When did you start examining your breasts -- was it . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Within the last 3 months . . . . . . . . | 11 | 9 | 12 | 12 | 14 | 18 | 13 | 8 |
| Between 3 and 6 months ago . . . . . | 8 | 9 | 7 | 0 | 9 | 4 | 7 | 4 |
| Between 6 months and a year ago . . . | 13 | 18 | 14 | 0 | 11 | 11 | 12 | 12 |
| Between a year and 2 years ago, or . . | 13 | 14 | 19 | 24 | 21 | 16 | 17 | 14 |
| Longer ago than that . | 54 | 50 | 46 | 65 | 45 | 51 | 50 | 60 |
| Don't know. . . . . . . | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 2 |
| N . . . . . . . . . . . . | (79) | (22) | (57) | (17) | (66) | (55) | (296) | (50) |

IF "WITHIN LAST 3 MONTHS."

1. Was it before you learned of the operation of the president's wife, or after?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Before . . . . . . . . . | 33 | 0 | 57 | 100 | 33 | 30 | 37 | 50 |
| After . . . . . . . . . | 67 | 100 | 43 | 0 | 67 | 70 | 63 | 50 |
| N . . . . . . . . . . . | (9) | (2) | (7) | (1) | (9) | (10) | (38) | (4) |

B. In general, how often do you examine your own breasts?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| More often than 1 a month . . . . . . . . | 10 | 9 | 7 | 0 | 9 | 7 | 8 | 8 |
| Every month . . . . . . | 47 | 32 | 50 | 47 | 47 | 42 | 45 | 60 |
| Every 3 months . . . . | 20 | 36 | 21 | 12 | 18 | 25 | 22 | 10 |
| Every 6 months . . . . | 9 | 5 | 2 | 0 | 8 | 16 | 8 | 14 |
| Every year . . . . . . | 3 | 5 | 2 | 0 | 0 | 2 | 2 | 0 |
| Every 2 years . . . | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| Less than that . . . | 1 | 9 | 2 | 6 | 3 | 0 | 2 | 0 |
| No regular time . . . | 10 | 5 | 13 | 29 | 14 | 7 | 12 | 6 |
| Don't know . . . . . . | 0 | 0 | 4 | 6 | 0 | 0 | 1 | 0 |
| N. . . . . . . . . . . . | (79) | (22) | (56) | (17) | (66) | (55) | (295) | (50) |

WAVE I

IF "YES" TO QUESTION 25.

26. How did you first learn to examine your own breasts?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| From a doctor (suggested by doctor) | 29 | 32 | 32 | 59 | 38 | 42 | 36 | 32 |
| From a doctor (suggested by respondent) . . . . . . . . | 3 | 5 | 7 | 0 | 8 | 0 | 4 | 8 |
| From a nurse. . . . . . | 4 | 14 | 4 | 0 | 6 | 2 | 4 | 4 |
| From a friend . . . . . | 5 | 0 | 4 | 0 | 3 | 2 | 3 | 4 |
| From television . . . . | 15 | 5 | 18 | 6 | 12 | 15 | 14 | 10 |
| From a magazine . . . . | 15 | 18 | 14 | 18 | 14 | 16 | 15 | 12 |
| Never learned, just do it . . . . . . . . | 6 | 0 | 5 | 6 | 6 | 2 | 5 | 6 |
| Other . . . . . . . . . . | 22 | 27 | 16 | 12 | 12 | 20 | 18 | 22 |
| Don't know. . . . . . . | 1 | 0 | 2 | 0 | 2 | 2 | 1 | 2 |
| N . . . . . . . . . . . . | (79) | (22) | (57) | (17) | (66) | (55) | (296) | (50) |

IF OTHER THAN "FROM A DOCTOR (SUGGESTED BY RESPONDENT)" IN QUESTION 26 OR NO IN Q.25.

27. Have you ever asked a doctor to teach you how to do a breast examination?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 11 | 13 | 13 | 29 | 16 | 8 | 13 | 11 |
| N . . . . . . . . . . . | (94) | (24) | (62) | (24) | (70) | (63) | (337) | (53) |

**WAVE I**

28. If breast cancer is detected early, do you think the chance of recovery is. . .

**Subsample**

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Very good . . . . . . . | 81 | 83 | 78 | 85 | 67 | 76 | 77 | 74 |
| Fair. . . . . . . . . . | 15 | 10 | 19 | 15 | 27 | 17 | 18 | 19 |
| Poor. . . . . . . . . . | 2 | 0 | 1 | 0 | 5 | 5 | 3 | 3 |
| Don't know. . . . . . . | 3 | 7 | 1 | 0 | 1 | 1 | 2 | 4 |
| N . . . . . . . . . . . | (108) | (29) | (74) | (27) | (85) | (75) | (398) | (68) |

**WAVE I**

29. Have you ever heard of the Pap test or Pap smear?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . . | 92 | 97 | 95 | 93 | 98 | 99 | 95 | 96 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

IF "YES,"

30. Have you ever had a Pap test, or not?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . . | 98 | 96 | 96 | 100 | 99 | 95 | 97 | 91 |
| N . . . . . . . . . . . . | (100) | (28) | (70) | (25) | (83) | (75) | (381) | (65) |

IF "YES,"

A. When was the last time you had one -- was it . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Withing the last 3 months. . . . . . . | 15 | 19 | 25 | 20 | 23 | 11 | 19 | 37 |
| Between 3 and 6 months ago. . . . . . | 20 | 15 | 21 | 24 | 17 | 27 | 21 | 7 |
| Between 6 months and a year ago. . . . | 35 | 33 | 21 | 32 | 30 | 30 | 30 | 25 |
| Between a year ago and 2 years ago . . . | 15 | 22 | 22 | 20 | 13 | 10 | 16 | 14 |
| Longer ago than that . . . . . . . . | 12 | 7 | 10 | 4 | 16 | 23 | 14 | 7 |
| Don't know. . . . . . . | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . . . | (98) | (27) | (67) | (25) | (82) | (71) | (370) | (59) |

B. In general, how often do you get a Pap test?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Every three months. . . . | 1 | 4 | 2 | 0 | 0 | 3 | 1 | 0 |
| Every six months. . . . | 22 | 19 | 22 | 4 | 19 | 7 | 17 | 27 |
| Every year. . . . . . . | 60 | 59 | 58 | 80 | 62 | 60 | 61 | 52 |
| Every two years . . . . | 4 | 4 | 8 | 4 | 2 | 7 | 5. | 5 |
| Less often than that. . . . . . . . . | 3 | 4 | 5 | 8 | 9 | 10 | 6 | 3 |
| No regular time . . . . | 9 | 11 | 6 | 4 | 9 | 10 | 8 | 10 |
| Don't know. . . . . . . | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| N . . . . . . . . . . . | (94) | (27) | (65) | (25) | (81) | (68) | (360) | (59) |

WAVE I

IF "YES, HEARD OF PAP TEST OR PAP SMEAR,"

31. From what you've heard, what does the Pap smear test for?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Venereal Disease . . . | 0 | 4 | 1 | 0 | 2 | 0 | 1 | 0 |
| Cancer . . . . . . . . . | 96 | 93 | 89 | 88 | 95 | 96 | 94 | 78 |
| Any Other Disease . . . | 2 | 0 | 3 | 4 | 0 | 1 | 2 | 3 |
| Don't Know . . . . . . | 2 | 4 | 7 | 8 | 2 | 3 | 4 | 18 |
| N . . . . . . . . . . . . | (100) | (28) | (70) | (25) | (83) | (75) | (381) | (65) |

32. How often should an adult woman have a Pap test?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Every month. . . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Every 6 months . . . . | 40 | 25 | 34 | 40 | 37 | 32 | 36 | 40 |
| Every year . . . . . . | 57 | 71 | 64 | 60 | 59 | 64 | 61 | 48 |
| Every 2 years . . . | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 2 |
| It isn't necessary to get one . . . . . . | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Don't know . . . . . . | 2 | 0 | 1 | 0 | 2 | 1 | 2 | 9 |
| N . . . . . . . . . . . | (100) | (28) | (70) | (25) | (83) | (75) | (381) | (65) |

33. If cancer of the uterus is detected and treated early, do you think the chance of recovery is . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Very good. . . . . . | 72 | 69 | 62 | 74 | 61 | 71 | 68 | 60 |
| Fair . . . . . . . . | 19 | 21 | 30 | 19 | 29 | 20 | 24 | 28 |
| Poor . . . . . . . . | 4 | 0 | 3 | 7 | 8 | 7 | 5 | 6 |
| Don't know . . . . . | 5 | 10 | 5 | 0 | 1 | 3 | 4 | 6 |
| N . . . . . . . . . | (108) | (29) | (74) | (27) | (85) | (76) | (399) | (68) |

34. How important do you think it is for one's health to exercise regularly -- is it . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Very important . . . . | 94 | 72 | 86 | 81 | 89 | 91 | 89 | 88 |
| Somewhat important . . | 5 | 24 | 14 | 19 | 11 | 9 | 11 | 12 |
| Not important . . . | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Don't know . . . . . . | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (84) | (76) | (399) | (68) |

A. If "Very important" or "Somewhat important"
In general, besides the usual amount of exercise you get around the house or at work, do you make any special effort to exercise, or not?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Make special effort . . | 68 | 57 | 62 | 59 | 64 | 59 | 63 | 63 |
| N . . . . . . . . . . . | (108) | (28) | (74) | (27) | (85) | (76) | (398) | (68) |

B. If "Very important" or "Somewhat important"
Do you feel that you are getting enough exercise to keep yourself in good health or not?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Getting enough. . . . . | 46 | 43 | 43 | 52 | 52 | 45 | 47 | 54 |
| Not getting enough. . . | 51 | 57 | 57 | 48 | 48 | 54 | 52 | 44 |
| Don't know . . . . . | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| N . . . . . . . . . . | (108) | (28) | (74) | (27) | (85) | (76) | (398) | (68) |

**WAVE I**

35. Do you agree or disagree with the following: People who do regular exercise have fewer heart attacks than people who don't.

**Subsample**

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes, agree . . . | 76 | 69 | 76 | 89 | 76 | 79 | 77 | 69 |
| Don't know . . . | 10 | 17 | 14 | 7 | 11 | 11 | 11 | 13 |
| N. . . . . . . . | (105) | (29) | (74) | (27) | (85) | (76) | (396) | (68) |

36. As you probably know, the man in this picture is having his blood pressure checked. When was the last time you had your blood pressure checked -- was it . . .

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Within the last 12 months . . . . . . | 89 | 79 | 88 | 89 | 87 | 86 | 87 | 88 |
| Longer ago than that. . . . . . . . | 11 | 17 | 12 | 11 | 12 | 14 | 13 | 11 |
| Never had it done . . . . . . | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Don't know. . . . . . | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

IF "WITHIN THE LAST 12 MONTHS" OR "LONGER AGO THAN THAT."

A. Were you told at that time whether your blood pressure was high, low, normal, or weren't you told anything?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| High. . . . . . . . . | 11 | 7 | 5 | 15 | 10 | 17 | 11 | 6 |
| Low . . . . . . . . . | 4 | 0 | 7 | 0 | 8 | 8 | 6 | 3 |
| Normal. . . . . . . . | 69 | 68 | 78 | 58 | 69 | 57 | 67 | 71 |
| Not told anything . . | 17 | 21 | 8 | 23 | 13 | 18 | 15 | 19 |
| Don't know. . . . . . | 0 | 4 | 1 | 4 | 0 | 0 | 1 | 2 |
| N . . . . . . . . . . . | (108) | (28) | (74) | (26) | (84) | (76) | (396) | (68) |

**WAVE I**

37. Has anyone ever explained to you what a person with high blood pressure should do to help control it, or not?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Explained . . . . . . | 51 | 52 | 48 | 41 | 57 | 58 | 53 | 53 |
| Did not explain . . . | 48 | 45 | 52 | 59 | 43 | 42 | 47 | 46 |
| Don't know. . . . . . | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 2 |
| N . . . . . . . . . . | (109) | (29) | (73) | (27) | (84) | (76) | (398) | (68) |

38. Do you agree or disagree with the following: A person can have high blood pressure and not know it.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Yes, agree. . . . . . | 96 | 93 | 95 | 93 | 98 | 95 | 95 | 97 |
| Don't know. . . . . . | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| N . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

WAVE I

39. If a child in your house accidently swallowed some medicine not prescribed fo
him or some cleaning fluid, what is the very first thing you would do?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Take to emergency room/hospital . . . | 6 | 7 | 22 | 12 | 7 | 8 | 10 | 12 |
| Give him milk or water. . . . . . | 13 | 7 | 5 | 4 | 9 | 11 | 9 | 3 |
| Make him throw up . . | 19 | 10 | 12 | 0 | 15 | 21 | 16 | 21 |
| Take him to doctor. . | 16 | 21 | 9 | 15 | 15 | 16 | 15 | 12 |
| Call Board of Health to find out where to go . . . . . . . | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Telephone poison control center. . . | 1 | 0 | 3 | 0 | 1 | 3 | 2 | 0 |
| Call a doctor . . . . | 25 | 28 | 42 | 54 | 28 | 20 | 30 | 34 |
| Other . . . . . . . . | 18 | 28 | 7 | 15 | 24 | 21 | 18 | 18 |
| Don't know. . . . . . | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (26) | (85) | (76) | (399) | (68) |

40. When you are getting to speak to a doctor about yourself or someone else
in the family, do you . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Try to memorize all the complaints and symptoms. . . . . | 79 | 72 | 68 | 77 | 74 | 78 | 75 | 66 |
| Write a list of the complaints or symptoms so you won't forget. . . . . | 17 | 24 | 19 | 19 | 21 | 20 | 19 | 24 |
| Do something else . . . . . . . . . | 5 | 3 | 12 | 4 | 5 | 3 | 6 | 10 |
| N . . . . . . . . . . . . | (109) | (29) | (73) | (26) | (85) | (76) | (398) | (68) |

WAVE I

41. If you suddenly needed a doctor at night or on a Sunday, what is the first thing you would do?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Phone a doctor. . . . . | 45 | 41 | 42 | 65 | 47 | 45 | 46 | 41 |
| Go to a doctor. . . . . | 2 | 0 | 3 | 0 | 0 | 1 | 1 | 0 |
| Send someone to get a doctor. . . . . . . | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Call the telephone operator. . . . . . . | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 0 |
| Call the police . . . . | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Call an ambulance . . . | 5 | 0 | 0 | 0 | 2 | 7 | 3 | 3 |
| Call an emergency room. . . . . . . . . | 10 | 0 | 11 | 4 | 5 | 9 | 8 | 12 |
| Go to an emergency room. . . . . . . . . | 34 | 48 | 42 | 27 | 42 | 34 | 38 | 41 |
| Other . . . . . . . . . | 3 | 3 | 3 | 0 | 1 | 3 | 2 | 3 |
| Don't know. . . . . . . | 1 | 3 | 0 | 4 | 1 | 1 | 1 | 0 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (26) | (85) | (76) | (399) | (68) |

IF "CALL THE POLICE" OR "CALL AN AMBULANCE" OR "CALL AN EMERGENCY ROOM".

A. Do you have the telephone number in a place where you could find it very easily, or not?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Yes, can find it easily. . . . . . . . | 64 | 0 | 60 | 100 | 86 | 91 | 76 | 50 |
| N . . . . . . . . . . . . | (14) | (0) | (5) | (1) | (7) | (11) | (38) | (10) |

WAVE I

42. Some people say that doctors usually don't tell you enough about your condition; they don't explain just what the trouble is. Do you think that is true of most doctors, or not?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| True. . . . . . . . . . . | 59 | 48 | 64 | 59 | 58 | 61 | 59 | 53 |
| Not true. . . . . . . . . | 39 | 52 | 30 | 41 | 39 | 39 | 38 | 46 |
| Don't know. . . . . . . | 3 | 0 | 7 | 0 | 4 | 0 | 3 | 2 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (27) | (83) | (76) | (398) | (68) |

IF "TRUE":

A. When that happens to you, how often do you ask the doctor to tell you more about the condition?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| All the time. . . . . . | 54 | 77 | 69 | 56 | 61 | 65 | 62 | 64 |
| Sometimes . . . . . . . | 44 | 23 | 22 | 38 | 35 | 24 | 32 | 31 |
| Never . . . . . . . . . . | 2 | 0 | 9 | 6 | 4 | 11 | 6 | 3 |
| N . . . . . . . . . . . . | (63) | (13) | (45) | (16) | (49) | (46) | (232) | (36) |

IF "ALL THE TIME" OR "SOMETIMES."

1. When you ask, does he usually . . .

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Give you an answer that you can understand. . | 92 | 92 | 73 | 86 | 76 | 76 | 81 | 79 |
| Give you an answer that you don't understand. . . . . . | 8 | 8 | 20 | 14 | 17 | 20 | 15 | 21 |
| Give you no answer. . . | 0 | 0 | 7 | 0 | 7 | 5 | 4 | 0 |
| N . . . . . . . . . . . . | (60) | (13) | (41) | (14) | (46) | (41) | (215) | (34) |

43. IF CHILD(REN) UNDER 6 YEARS OF AGE IN HOUSEHOLD.
What one thing does (OLDEST CHILD UNDER 6) eat most often for a snack between meals?

Subsample
(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Fruit . . . . . . . . | 20 | 33 | 29 | 13 | 14 | 16 | 20 | 31 |
| Candy . . . . . . . . | 11 | 0 | 11 | 0 | 9 | 8 | 8 | 5 |
| Dry cereal (not sugar coated). . | 2 | 0 | 0 | 0 | 2 | 8 | 2 | 2 |
| Dry cereal (sugar coated). . . . | 0 | 0 | 5 | 27 | 7 | 3 | 5 | 2 |
| Raw vegetables. . . . | 2 | 0 | 3 | 0 | 0 | 3 | 1 | 0 |
| Cookies . . . . . . . | 22 | 20 | 26 | 13 | 23 | 8 | 20 | 14 |
| Cupcakes, muffins, pies . . . . . . . | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| Other . . . . . . . . | 42 | 47 | 26 | 47 | 42 | 54 | 42 | 38 |
| Don't know. . . . . . | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| N . . . . . . . . . . | (55) | (15) | (38) | (15) | (43) | (37) | (203) | (42) |

## WAVE I

## If Child(ren) Under 6 Years of Age in Household.

44. During the first few years of life, many children get immunization shots or oral vaccines to prevent certain diseases. Did (OLDEST CHILD UNDER 6) ever get any shots for any illnesses such as for diphtheria, tetanus and whooping cough, known as DTP, or for polio, measles or rubella?

Subsample

(Per Cent)

|  | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . . . . . . | 93 | 100 | 95 | 100 | 96 | 95 | 95 | 93 |
| N. . . . . . . . . . . . . . . | (57) | (16) | (40) | (15) | (46) | (38) | (212) | (42) |
| IF "NO" SKIP TO QUESTION 49.<br>IF "YES." |  |  |  |  |  |  |  |  |
| 45. Did (he/she) ever get any DTP (diphtheria, tetanus, whooping cough) shots? |  |  |  |  |  |  |  |  |
| Yes. . . . . . . . . . . . . . | 100 | 100 | 100 | 100 | 95 | 97 | 99 | 95 |
| N. . . . . . . . . . . . . . . | (53) | (16) | (38) | (15) | (44) | (36) | (202) | (39) |
| IF "YES." |  |  |  |  |  |  |  |  |
| Did (he/she) finish getting all (his/her) DTP shots? |  |  |  |  |  |  |  |  |
| Yes. . . . . . . . . . . . . . | 77 | 75 | 66 | 87 | 71 | 86 | 76 | 65 |
| N. . . . . . . . . . . . . . . | (53) | (16) | (38) | (15) | (42) | (35) | (199) | (37) |
| Will (he/she) be getting the rest of the shots, or not? |  |  |  |  |  |  |  |  |
| Yes. . . . . . . . . . . . . . | 100 | 100 | 92 | 100 | 100 | 100 | 98 | 100 |
| N. . . . . . . . . . . . . . . | (12) | (4) | (13) | (2) | (12) | (5) | (48) | (11) |

WAVE I

IF CHILD(REN) UNDER 6 YEARS OF AGE IN HOUSEHOLD AND "YES" TO QUESTION 44.

46. Did (he/she) get a shot against rubella -- also known as German measles -- or not?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . . | 92 | 81 | 84 | 87 | 82 | 75 | 84 | 77 |
| Don't know. . . . . . . | 2 | 6 | 3 | 7 | 5 | 3 | 3 | 8 |
| N . . . . . . . . . . . . | (53) | (16) | (38) | (15) | (44) | (36) | (202) | (39) |

IF CHILD(REN) UNDER 6 YEARS OF AGE IN HOUSEHOLD AND "YES" TO QUESTION 44.

47. Did (CHILD) get a shot against the regular measles, or not?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 81 | 75 | 87 | 73 | 80 | 89 | 82 | 77 |
| Don't know. . . . . . | 11 | 6 | 5 | 0 | 5 | 0 | 5 | 8 |
| N . . . . . . . . . . . | (53) | (16) | (38) | (15) | (44) | (36) | (202) | (39) |

**WAVE I**

**IF CHILD(REN) UNDER 6 YEARS OF AGE IN HOUSEHOLD AND "YES" TO QUESTION 44.**

48. Did (CHILD) ever get oral or some other vaccine against polio?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . . . . | 98 | 100 | 100 | 100 | 98 | 100 | 99 | 95 |
| N. . . . . . . . . . . . . | (52) | (16) | (38) | (15) | (44) | (36) | (201) | (39) |
| **IF "YES."** | | | | | | | | |
| A. Did (he/she) finish getting all the polio vaccine that (he/she) needs? | | | | | | | | |
| Yes. . . . . . . . . . . . | 80 | 69 | 74 | 86 | 74 | 83 | 78 | 62 |
| Don't know . . . . . . . | 0 | 0 | 3 | 7 | 5 | 0 | 2 | 5 |
| N . . . . . . . . . . . . | (51) | (16) | (38) | (14) | (43) | (36) | (198) | (37) |
| **IF "NO."** | | | | | | | | |
| 1. Will (he/she) be getting it, or not? | | | | | | | | |
| Yes. . . . . . . . . . . . | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| N. . . . . . . . . . . . . | (10) | (5) | (9) | (1) | (9) | (6) | (40) | (12) |

**IF CHILD HAD NO IMMUNIZATION ("NO" TO QUESTION 44)**

49. Do you plan to have your child(ren) immunized against some childhood diseases or not?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Plans to have immunized. . . . . . . | 100 | -- | 100 | -- | 100 | 100 | 100 | 100 |
| N. . . . . . . . . . . . . | (4) | (0) | (2) | (0) | (2) | (2) | (10) | (3) |

50. IF CHILD(REN) UNDER 6 YEARS OF AGE IN HOUSEHOLD
Please tell me whether you agree or disagree with the following statement: Children's diseases are not serious enough to be worth the bother of giving them immunizations.

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| No, disagree . . . . . | 98 | 93 | 92 | 100 | 93 | 97 | 95 | 93 |
| Don't know . . . . . . | 0 | 7 | 0 | 0 | 0 | 0 | 1 | 2 |
| N . . . . . . . . . . . | (55) | (15) | (38) | (14) | (44) | (33) | (199) | (42) |

52. Has [(NAME) the oldest child, between 4-6 not in school yet] had a test to make sure his eyesight is all right?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 40 | 20 | 11 | 20 | 33 | 33 | 30 | 41 |
| N . . . . . . . . . . . | (25) | (5) | (9) | (10) | (18) | (15) | (82) | (17) |

IF "NO"

A. Some parents bring their children for an eyesight check-up before they start school and some don't. How about you -- Will you definitely take (NAME) for an eyesight check-up before (he/she) starts school, probably take him, or are you not likely to take him?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Definitely take him . | 40 | 25 | 13 | 63 | 17 | 40 | 33 | 100 |
| Probably take him . . | 13 | 25 | 38 | 25 | 50 | 40 | 32 | 0 |
| Not likely. . . . . . | 47 | 50 | 50 | 13 | 25 | 20 | 33 | 0 |
| Don't know. . . . . . | 0 | 0 | 0 | 0 | 8 | 0 | 2 | 0 |
| N . . . . . . . . . . . | (15) | (4) | (8) | (8) | (12) | (10) | (57) | (9) |

IF "DEFINITELY TAKE HIM" OR "PROBABLY TAKE HIM."

1. Do you have a particular place in mind to take him to, or haven't you decided yet?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Particular place. . . | 38 | 100 | 33 | 57 | 63 | 63 | 54 | 56 |
| N . . . . . . . . . . . | (8) | (1) | (3) | (7) | (8) | (8) | (35) | (9) |

WAVE I

53. IF CHILD(REN) FROM 4-6 YEARS OF AGE IN HOUSEHOLD WHO HAVE NOT STARTED SCHOOL.
Has (Name) (oldest child between 4-6 years not in school yet) had a test to make sure his hearing is all right?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . . . . . . | 40 | 40 | 22 | 40 | 44 | 73 | 45 | 35 |
| N. . . . . . . . . . . . . . . | (25) | (5) | (9) | (10) | (18) | (15) | (82) | (17) |

If No,

A. Some parents bring their children for hearing check-up before they start school and some don't. How about -- Will you definitely take (NAME) for a hearing check-up before (he/she) starts school, probably take him, or are you not likely to take him?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Definitely take him. . . . | 20 | 0 | 0 | 67 | 0 | 50 | 20 | 100 |
| Probably take him. . . . . | 27 | 33 | 29 | 17 | 30 | 0 | 24 | 0 |
| Not Likely . . . . . . . . | 53 | 67 | 71 | 17 | 60 | 50 | 53 | 0 |
| Don't know . . . . . . . . | 0 | 0 | 0 | 0 | 10 | 0 | 2 | 0 |
| N. . . . . . . . . . . . . . | (15) | (3) | (7) | (6) | (10) | (4) | (45) | (11) |

If "Definitely Take Him" or "Probably Take Him,"

1. Do you have a particular place in mind to take him to, or haven't you decided yet?

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Particular Place . . . . . | 57 | -- | 0 | 40 | 100 | 100 | 58 | 55 |
| N. . . . . . . . . . . . . . | (7) | (0) | (2) | (5) | (3) | (2) | (19) | (11) |

WAVE I

IF CHILD(REN) IS UNDER 6 YEARS OF AGE IN HOUSEHOLD.

54. When was the last time ____[NAME]____ got a routine check-up. . .
(YOUNGEST CHILD)

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Less than one month ago. . . . . . . . . . | 28 | 13 | 20 | 20 | 23 | 25 | 23 | 21 |
| Between one and 3 months ago . . . . . . | 26 | 38 | 15 | 7 | 26 | 17 | 22 | 12 |
| Between 3 and 6 months ago . . . . . . | 16 | 13 | 22 | 20 | 21 | 17 | 18 | 21 |
| Between 6 months and a year ago . . . . . . | 22 | 19 | 25 | 20 | 21 | 25 | 23 | 24 |
| More than a year ago . . . . . . . . . | 7 | 13 | 17 | 33 | 4 | 11 | 11 | 7 |
| Never had complete physical check-up. . . | 0 | 6 | 0 | 0 | 4 | 6 | 2 | 14 |
| Don't know . . . . . . . | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . . | (58) | (16) | (40) | (15) | (47) | (36) | (212) | (42) |

IF "LESS THAN ONE MONTH AGO" TO "MORE THAN A YEAR AGO."

55. How often does (youngest child) usually get a physical check-up even though (he/she) isn't sick, just to make sure everything is all right . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Every month or so. . . | 12 | 13 | 0 | 13 | 9 | 9 | 9 | 11 |
| About every 3 months . | 9 | 7 | 10 | 7 | 7 | 18 | 10 | 8 |
| About every 6 months . | 18 | 7 | 17 | 27 | 25 | 21 | 20 | 31 |
| About every year . . . | 40 | 33 | 50 | 27 | 43 | 41 | 41 | 36 |
| Other. . . . . . . . . | 2 | 13 | 5 | 13 | 5 | 0 | 4 | 6 |
| Never . . . . . . . . | 19 | 27 | 15 | 13 | 11 | 12 | 16 | 8 |
| Don't know . . . . . . | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| N. . . . . . . . . . . | (57) | (15) | (40) | (15) | (44) | (34) | (205) | 36 |

| | Subsample<br>(Per Cent) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |

56-A. What do *you* usually do to keep your teeth clean?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Brush teeth . . . . . | 93 | 97 | 93 | 100 | 95 | 92 | 94 | 100 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |
| Dental floss . . . . | 13 | 17 | 14 | 7 | 16 | 17 | 15 | 6 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |
| Toothpick . . . . . | 6 | 3 | 5 | 0 | 0 | 1 | 3 | 3 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |
| Disclosing tablet . . | 1 | 0 | 3 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |
| Rinsing after eating . . . . . . . | 2 | 10 | 5 | 0 | 2 | 0 | 3 | 2 |
| N . . . . . . . . . . . | (109) | (109) | (74) | (27) | (85) | (76) | (400) | (67) |
| Water pick. . . . . . | 1 | 3 | 4 | 0 | 4 | 5 | 3 | 2 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |
| Other . . . . . . . . . | 16 | 22 | 18 | 10 | 17 | 16 | 17 | (39) |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |
| Full dentures . . . . | 8 | 10 | 7 | 0 | 6 | 8 | 7 | 4 |
| N . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (67) |

**Continued**

56-B. **FOR EACH ITEM IN A.**

Did you use (ITEM) yesterday?

|  | Subsample<br>(Per Cent) |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|
|  | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
| Brush teeth |  |  |  |  |  |  |  |  |
| Yes . . . . . . . . . . | 97 | 96 | 96 | 100 | 100 | 97 | 98 | 98 |
| N . . . . . . . . . . . | (99) | (28) | (68) | (27) | (81) | (70) | (373) | (67) |
| Dental floss |  |  |  |  |  |  |  |  |
| Yes . . . . . . . . . . | 36 | 60 | 40 | 50 | 50 | 54 | 47 | 3 |
| N . . . . . . . . . . | (14) | (5) | (10) | (2) | (14) | (13) | (58) | (67) |
| Toothpick |  |  |  |  |  |  |  |  |
| Yes . . . . . . . . . . | 83 | 100 | 75 | -- | -- | 100 | 75 | 3 |
| N . . . . . . . . . . | (6) | (1) | (4) | (0) | (0) | (1) | (12) | (67) |
| Disclosing tablets |  |  |  |  |  |  |  |  |
| Yes . . . . . . . . . . | -- | -- | 0 | -- | -- | -- | -- | 0 |
| N . . . . . . . . . . | (0) | (0) | (2) | (0) | (0) | (0) | (2) | (67) |
| Rinse after eating |  |  |  |  |  |  |  |  |
| Yes . . . . . . . . . . | 100 | 100 | 50 | -- | 100 | -- | 82 | 0 |
| N . . . . . . . . . . | (2) | (3) | (4) | (0) | (2) | (0) | (11) | (67) |
| Water pick |  |  |  |  |  |  |  |  |
| Yes . . . . . . . . . . | 0 | 100 | 0 | -- | 33 | 75 | 42 | 0 |
| N . . . . . . . . . . | (1) | (1) | (3) | (0) | (3) | (4) | (12) | (67) |

WAVE I

IF RESPONDENT DOES NOT HAVE FULL DENTURES AND
IF DISCLOSING TABLET NOT MENTIONED IN PREVIOUS QUESTIONS.

57. Have you ever used a disclosing tablet or not?

| | Subsample<br>(Per Cent) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
| Used disclosing tablet. . . . . . . | 18 | 23 | 19 | 4 | 10 | 21 | 17 | 12 |
| Has not used . . . . . | 58 | 62 | 64 | 74 | 77 | 60 | 65 | 74 |
| Doesn't know what it is . . . . . . . | 23 | 15 | 16 | 22 | 13 | 19 | 18 | 14 |
| N. . . . . . . . . . . | (98) | (26) | (67) | (27) | (80) | (70) | (368) | (65) |

**WAVE I**

**IF RESPONDENT DOES NOT HAVE FULL DENTURES.**

58. When was the last time you went for a dental check up when your teeth were not bothering you . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| In the last 6 months . . . . . . . . | 13 | 27 | 19 | 11 | 22 | 19 | 18 | 15 |
| Between 6 months and 1 year ago,. . . | 19 | 12 | 7 | 15 | 21 | 17 | 16 | 20 |
| More than a year ago. . | 30 | 42 | 38 | 33 | 34 | 29 | 33 | 34 |
| Never . . . . . . . . . . | 37 | 19 | 35 | 41 | 22 | 34 | 32 | 29 |
| Don't know . . . . . . | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 2 |
| N . . . . . . . . . . . . | (99) | (26) | (69) | (27) | (80) | (70) | (371) | (65) |

59. How often do you usually go for a dental check up?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| About every 6 months . . . . . . . . | 19 | 24 | 22 | 13 | 24 | 26 | 22 | 24 |
| About every year. . . . | 26 | 33 | 31 | 38 | 31 | 28 | 30 | 28 |
| About every 2 years. . . . . . . . | 15 | 0 | 11 | 6 | 8 | 7 | 9 | 9 |
| Less often than that, or . . . . . | 2 | 5 | 4 | 6 | 5 | 4 | 4 | 6 |
| Don't you go for a dental check up regularly? . . . . . | 39 | 38 | 31 | 38 | 32 | 35 | 35 | 33 |
| N . . . . . . . . . . . . | (62) | (21) | (45) | (16) | (62) | (46) | (252) | (46) |

WAVE I

60. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| 0 . . . . . . . . | 73 | 79 | 81 | 93 | 76 | 76 | 77 | 87 |
| 1 . . . . . . . . | 6 | 7 | 5 | 0 | 5 | 5 | 5 | 0 |
| 2 . . . . . . . . | 4 | 7 | 0 | 4 | 5 | 8 | 4 | 0 |
| 3 . . . . . . . . | 6 | 0 | 4 | 0 | 2 | 3 | 3 | 3 |
| 4 . . . . . . . . | 1 | 0 | 3 | 0 | 1 | 0 | 1 | 3 |
| 5 . . . . . . . . | 3 | 4 | 0 | 0 | 1 | 0 | 1 | 0 |
| 6 . . . . . . . . | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 7 . . . . . . . . | 2 | 0 | 3 | 4 | 1 | 1 | 2 | 3 |
| 8 . . . . . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| 10 . . . . . . . . | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 0 |
| 14 . . . . . . . . | 2 | 4 | 0 | 0 | 0 | 1 | 1 | 2 |
| 15 . . . . . . . . | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 21 . . . . . . . . | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 |
| 27 . . . . . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 . . . . . . . . | 1 | 0 | 0 | 0 | 4 | 1 | 1 | 2 |
| 31 . . . . . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| N . . . . . . . . | (108) | (28) | (74) | (27) | (83) | (75) | (395) | (68) |

**WAVE I**

61. What was the last grade of regular school that you completed?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| No schooling . . . | 1 | 0 | 1 | 8 | 0 | 0 | 1 | 0 |
| 1st to 4th grade . | 0 | 0 | 3 | 0 | 0 | 4 | 1 | 0 |
| 5th to 7th grade . | 10 | 10 | 4 | 0 | 2 | 4 | 6 | 9 |
| 8th grade . . . . . | 8 | 7 | 8 | 0 | 12 | 3 | 7 | 10 |
| High school, incomplete (grades 9,10 or 11) | 21 | 24 | 26 | 35 | 32 | 30 | 27 | 31 |
| High school, complete (12th grade) | 38 | 31 | 34 | 35 | 37 | 46 | 38 | 35 |
| College, incomplete | 11 | 7 | 12 | 15 | 10 | 9 | 11 | 9 |
| College, complete . | 10 | 21 | 12 | 8 | 7 | 4 | 9 | 6 |
| N . . . . . . . . . | (108) | (29) | (74) | (26) | (84) | (76) | (397) | (68) |

## WAVE I

### IF HEAD OF HOUSE DIFFERENT FROM RESPONDENT

62. What was the last grade (HEAD OF HOUSE) completed in school?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| No schooling. . . . . . | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| 1st to 4th grade. . . . | 2 | 0 | 7 | 10 | 0 | 3 | 3 | 2 |
| 5th to 7th grade. . . . | 6 | 14 | 5 | 10 | 6 | 6 | 7 | 11 |
| 8th grade . . . . . . . | 4 | 0 | 7 | 0 | 5 | 6 | 4 | 2 |
| High school, incomplete (grades 9, 10 or 11) . . . . . . | 30 | 5 | 28 | 29 | 27 | 18 | 25 | 21 |
| High school, complete (12th grade). . . . . | 21 | 50 | 23 | 24 | 35 | 43 | 31 | 40 |
| College, incomplete . . | 23 | 18 | 17 | 24 | 14 | 14 | 18 | 11 |
| College, complete . . . | 8 | 9 | 12 | 5 | 11 | 9 | 9 | 4 |
| Don't know. . . . . . . | 6 | 5 | 0 | 0 | 3 | 0 | 3 | 4 |
| N . . . . . . . . . . . | (84) | (22) | (60) | (21) | (66) | (65) | (318) | (47) |

WAVE I

63. Last week was (HEAD OF HOUSEHOLD) working, going to school, keeping house, or what?

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Working . . . . . . | 75 | 72 | 86 | 85 | 78 | 80 | 79 | 76 |
| With a job, but not at work because of temporary illness . | 4 | 3 | 3 | 0 | 0 | 3 | 2 | 0 |
| With a job, but not at work because of vacation . . . . . | 2 | 3 | 0 | 0 | 2 | 3 | 2 | 0 |
| Unemployed, laid off looking for work . | 2 | 0 | 0 | 0 | 2 | 0 | 1 | 2 |
| Retired . . . . . . | 6 | 14 | 5 | 7 | 5 | 7 | 6 | 4 |
| In school . . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Keeping house . . . | 7 | 7 | 3 | 0 | 12 | 4 | 6 | 12 |
| Disabled or handicapped . . . . | 2 | 0 | 1 | 4 | 1 | 1 | 1 | 4 |
| Other . . . . . . . | 1 | 0 | 1 | 4 | 0 | 3 | 1 | 0 |
| N . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

A. IF RETIRED, IN SCHOOL, KEEPING HOUSE, DISABLED OR OTHER: Did (you/he/she) ever work for as long as one year?

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . | 84 | 100 | 100 | 75 | 100 | 91 | 92 | 93 |
| N . . . . . . . . . . | (19) | (6) | (8) | (4) | (15) | (11) | (63) | (15) |

**WAVE I**

65. I would like you to look at this card. It has the 10 groups into which the United States Census divides all jobs. Please tell me in which group you would put (HEAD OF HOUSE's) job.

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| **Professional and Technical** (ex: accountants, engineers, physicians, nurses, social workers, teachers, draftsmen, actors, computer programmers) . . . . . . . | 19 | 21 | 18 | 19 | 17 | 19 | 18 | 16 |
| **Managers and Administrators** (ex: treasurers, buyers, office managers, government officials, sales managers, restaurant managers) . . . | 4 | 11 | 7 | 15 | 8 | 5 | 7 | 6 |
| **Sales Workers** (ex: newsboys, real estate agents, retail sales clerks, manufacturers sales representatives). . . . . . . . | 8 | 11 | 4 | 8 | 7 | 7 | 7 | 3 |
| **Clerical Workers** (ex: bank tellers, file clerks, mail carriers, dispatchers, office machine operators, secretaries). . . . . . . . . . | 8 | 4 | 11 | 8 | 8 | 4 | 7 | 4 |
| **Craftsmen** (ex: bakers, floor layers, foremen, machinists, mechanics and repairmen, sheet metal workers, tailors) . . . . . . . . . | 18 | 21 | 24 | 31 | 21 | 12 | 20 | 27 |
| **Operatives** (ex: assemblers, clothing pressers, produce graders, machine operators, sailors, textile operatives, bus drivers, taxicab drivers, deliverymen) . . . . . . . | 23 | 14 | 16 | 12 | 19 | 23 | 19 | 12 |
| **Laborers** (fishermen and oystermen, garbage collectors, warehousemen, laborers, lumbermen and woodchoppers). . . | 10 | 4 | 7 | 4 | 8 | 16 | 9 | 0 |
| **Farmers and Farm Managers** . . . . . . . . . | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| **Farm Laborers**. . . . . . . . | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Service Workers** (ex: janitors, waiters, nursing aides, airline stewardesses, elevator operators, hairdressers, barbers, cooks, maids) . . | 10 | 11 | 8 | 4 | 11 | 12 | 10 | 13 |
| Don't know . . . . . . . . . | 0 | 4 | 3 | 0 | 0 | 1 | 1 | 4 |
| N. . . . . . . . . . . . . . | (103) | (28) | (74) | (26) | (84) | (75) | (390) | 67 |

## WAVE I

66. In which one of these groups did the total income fall for the last 12 months -- before taxes? Be sure to include wages, pensions or welfare or any other income for everyone who lives in the household.

Subsample

(Per Cent)

| | A1 | A2 | A3 | B1 | B2 | C1 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|
| Under $2,000. . . . . . | 5 | 7 | 0 | 7 | 4 | 8 | 4 | 13 |
| $2,000 to less than $3,000 . . . . . | 7 | 10 | 5 | 0 | 5 | 8 | 6 | 4 |
| $3,000 to less than $4,000 . . . . . | 10 | 10 | 9 | 0 | 6 | 1 | 7 | 10 |
| $4,000 to less that $5,000 . . . . . | 7 | 10 | 7 | 7 | 4 | 7 | 6 | 6 |
| $5,000 to less than $6,000 . . . . . | 10 | 7 | 8 | 4 | 6 | 7 | 7 | 9 |
| $6,000 to less than $7,000 . . . . . | 6 | 10 | 8 | 4 | 8 | 4 | 7 | 3 |
| $7,000 to less than $8,000 . . . . . | 2 | 0 | 8 | 4 | 8 | 8 | 5 | 4 |
| $8,000 to less than $10,000. . . . . | 12 | 14 | 11 | 11 | 19 | 12 | 13 | 4 |
| $10,000 to less than $15,000. . . . . | 17 | 17 | 15 | 22 | 24 | 21 | 19 | 18 |
| $15,000 or more . . . . | 13 | 10 | 20 | 22 | 9 | 18 | 15 | 10 |
| Don't know. . . . . . . | 9 | 3 | 7 | 19 | 7 | 3 | 7 | 12 |
| Refused . . . . . . . . | 1 | 0 | 1 | 0 | 1 | 4 | 1 | 2 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (27) | (85) | (76) | (400) | (68) |

WAVE II

1. First, I'd like to ask you about some things some people do to take care of their health. For each one, please tell me if you did it since the last time we talked with you.

| | Subsample<br>(Per Cent) | | | |
|---|---|---|---|---|
| | A1 | B1 | Total | Attrition |
| A. Have you had a Pap smear test? | | | | |
| Yes | 10 | 4 | 9 | 12 |
| N | (108) | (27) | (135) | (25) |
| B. Have you had a dental checkup? | | | | |
| Yes | 12 | 6 | 10 | (28) |
| N | (109) | (27) | (136) | (25) |
| C. Have you had a routine physical checkup when nothing was bothering you and you didn't need one because of a job or anything like that? | | | | |
| Yes | 13 | 7 | 12 | 16 |
| N | (109) | (27) | (136) | (25) |
| D. Have you had a doctor examine your breasts? | | | | |
| Yes | 13 | 15 | 13 | 20 |
| Don't know | 1 | 0 | 1 | 0 |
| N | (107) | (27) | (134) | (25) |
| E. Have you examined your own breasts? | | | | |
| Yes | 73 | 59 | 70 | 72 |
| N | (108) | (27) | (135) | (25) |
| F. Have you asked a doctor to teach you how to examine your own breasts? | | | | |
| Yes | 8 | 8 | 8 | 8 |
| N | (106) | (25) | (131) | (25) |
| G. Have you started a regular program of exercise for yourself? | | | | |
| Yes | 39 | 26 | 37 | 52 |
| Started before last interview | 6 | 7 | 6 | 0 |
| N | (109) | (27) | (136) | (25) |
| H. Have you made a special effort to eat more fresh fruit? | | | | |
| Yes | 68 | 41 | 62 | 80 |
| Started before last interview | 2 | 15 | 4 | 4 |
| N | (108) | (27) | (135) | (25) |

WAVE II

2. Do you have a child in your household under age 6?

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 54 | 56 | 54 | 68 |
| N . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |

IF "YES,"

A. Since we talked with you last, have you made any special effort to keep poisonous or harmful materials out of the reach of small children?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 85 | 53 | 78 | 94 |
| N . . . . . . . . . . . . . . | (59) | (15) | (74) | (17) |

B. Since that time, have you taken your oldest child under age 6 for shots or immunizations?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 24 | 27 | 24 | 24 |
| N . . . . . . . . . . . . . . | (59) | (15) | (74) | 17 |

C. Do you have a child under age 6 who has not yet started school?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 88 | 73 | 85 | 88 |
| N . . . . . . . . . . . . . . | (59) | (15) | (74) | (17) |

IF "YES,"

C1. Have you taken your oldest pre-school child in for a vision test since we last spoke to you?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 8 | 0 | 6 | 7 |
| N . . . . . . . . . . . . . . | (52) | (11) | (63) | (15) |

C2. Have you taken your oldest pre-school child in for a hearing test since we last spoke to you?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 8 | 0 | 6 | 13 |
| N . . . . . . . . . . . . . . | (52) | (11) | (63) | (15) |

**WAVE II**

3. Since we last interviewed you, have you, or anyone else living with you, used a disclosing tablet or not?

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Used disclosing tablet. . . . . . | 6 | 4 | 6 | 8 |
| Has not used disclosing tablet. . . . . . . . . . . . . | 61 | 70 | 63 | 64 |
| Doesn't know that it is . . . . . | 32 | 26 | 31 | 28 |
| N . . . . . . . . . . . . . . . . | (108) | (27) | (135) | (25) |

4. Since we talked with you last, have you had your blood pressure checked?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . . . | 33 | 30 | 32 | 40 |
| N . . . . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |

IF "YES,"

4A Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| High. . . . . . . . . . . . . . . . | 20 | 25 | 21 | 10 |
| Low . . . . . . . . . . . . . . . . | 0 | 0 | 0 | 0 |
| Normal . . . . . . . . . . . . . . | 66 | 75 | 67 | 80 |
| Not told anything . . . . . . . . | 14 | 0 | 12 | 10 |
| N . . . . . . . . . . . . . . . . . | (35) | (8) | (43) | (10) |

**WAVE II**

5. Since we last talked with you, have you urged anyone else to have (his/her) blood pressure checked?

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Yes. . . . . . . . . . . . . . . . | 44 | 42 | 44 | 52 |
| N . . . . . . . . . . . . . . . . | (109) | (26) | (135) | (25) |

**WAVE II**

6. Please tell me whether you agree or disagree with each of the following statements:

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| A. A woman who has already had one healthy child doesn't need much pre-natal care if she becomes pregnant again. | | | | |
| No, disagree . . . . . . . | 95 | 96 | 96 | 96 |
| N . . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| B. It takes less time to steam vegetables than to boil them. | | | | |
| Yes, agree. . . . . . . . | 69 | 44 | 64 | 52 |
| Don't know. . . . . . . . | 4 | 19 | 7 | 16 |
| N. . . . . . . . . . . . | (108) | (27) | (135) | (25) |
| C. A person who goes to a psychologist or psychiatrist to help solve his problems is basically a weak person. | | | | |
| No, disagree. . . . . . . | 67 | 74 | 69 | 72 |
| Don't know. . . . . . . . | 2 | 0 | 1 | 4 |
| N. . . . . . . . . . . . | (108) | (27) | (135) | (25) |
| D. Much of the work a doctor does can be done by specially trained personnel who are not doctors. | | | | |
| Yes, agree. . . . . . . . | 42 | 26 | 39 | 48 |
| N. . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| E. Unless you exercise off all the calories you eat each day, you will gain weight. | | | | |
| Yes, agree. . . . . . . . | 67 | 67 | 67 | 76 |
| N. . . . . | (107) | (27) | (134) | (25) |
| F. A person can high blood pressure and not know it. | | | | |
| Yes, agree. . . . . . . . | 99 | 96 | 99 | 100 |
| N. . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| G. People who regular exercise have fewer heart attacks than people who don't. | | | | |
| Yes, agree. . . . . . . . | 82 | 89 | 83 | 80 |
| Don't know. . . . . . . . | 4 | 4 | 4 | 0 |
| N. . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| H. Eggs contain a lot of cholesterol. | | | | |
| Yes, agree. . . . . . . . | 85 | 78 | 84 | 76 |
| Don't know. . . . . . . . | 8 | 19 | 10 | 16 |
| N. . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| I. Parents can always tell if their child has a hearing problem. | | | | |
| No, disagree . . . . . . | 59 | 63 | 60 | 64 |
| N. . . . . . . . . . . . | (109) | (27) | (136) | (25) |

**WAVE II**

7. For each of the following ideas about sickness and health, please tell me if you mostly agree or mostly disagree.

| | Subsample (Per Cent) A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| **A.** No matter how careful a person is, he has to expect a good deal of illness in his lifetime. | | | | |
| Mostly disagree . . . . . . . | 47 | 44 | 46 | 40 |
| N . . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| **B.** Being healthy is mainly a matter of how well you look after yourself. | | | | |
| Mostly agree . . . . . . . . . | 94 | 96 | 94 | 92 |
| N . . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |
| **C.** There's not much a person can do to keep from getting sick. | | | | |
| Mostly disagree . . . . . . . | 71 | 74 | 72 | 76 |
| N . . . . . . . . . . . . . . . | (108) | (27) | (135) | (25) |

## WAVE II

8. If breast cancer is detected early, do you think the chance of recovery is . . .

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Very good. . . . . . . . . . . | 78 | 89 | 80 | 68 |
| Fair . . . . . . . . . . . . . | 18 | 11 | 17 | 28 |
| Poor . . . . . . . . . . . . . | 3 | 0 | 2 | 4 |
| Don't know . . . . . . . . . . | 1 | 0 | 1 | 0 |
| N . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |

9. How important do you think it is for one's health to exercise regularly. Is it . . .

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Very important. . . . . . . . | 88 | 89 | 88 | 84 |
| Somewhat important. . . . . . | 11 | 11 | 11 | 16 |
| Not important . . . . . . . . | 1 | 0 | 1 | 0 |
| N . . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |

**WAVE II**

10. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| 0 day | 83 | 78 | 82 | 80 |
| 1 day | 2 | 7 | 3 | 0 |
| 2 days | 3 | 0 | 2 | 0 |
| 3 days | 2 | 4 | 2 | 4 |
| 4 days | 0 | 4 | 1 | 4 |
| 5 days | 3 | 0 | 2 | 4 |
| 7 days | 3 | 4 | 3 | 0 |
| 10 days | 2 | 0 | 1 | 4 |
| 14 days | 1 | 0 | 1 | 4 |
| 21 days | 1 | 0 | 1 | 0 |
| 28 days | 0 | 4 | 1 | 0 |
| 30 days | 2 | 0 | 1 | 0 |
| N | (109) | (27) | (136) | (25) |

## WAVE II

**IF RESPONDENT IS "INDUCED VIEWER" (SAMPLE A)**

I would like to ask you about the first three programs on Feeling Good. They were on between November 20 and December 8th.

Subsample

(Per Cent)

11. Did you see all three programs, only two, one, or none?

| | A1 | Attrition |
|---|---|---|
| Three | 23 | 5 |
| Two | 31 | 35 |
| One | 18 | 10 |
| None | 27 | 50 |
| Saw, but don't know how many | 1 | 0 |
| N | (109) | (20) |

**IF "THREE", "TWO," "ONE," OR "SAW, BUT DON'T KNOW HOW MANY."**

We're interested in seeing how much people remember about the TV shows they watch.

12. In the Feeling Good program, is Mac's place . . .

| | A1 | Attrition |
|---|---|---|
| A doctor's office | 5 | 10 |
| A place where you can get something to eat | 86 | 90 |
| A store for men's clothing and shoes | 0 | 0 |
| Don't know | 9 | 0 |
| N | (80) | (10) |

13. In the first program, Mac went to the doctor after he hurt his back. How long had it been since he had seen a doctor before that? Was it . . .

| | A1 | Attrition |
|---|---|---|
| Less than a year ago | 0 | 10 |
| Between a year and less than 3 years ago | 10 | 0 |
| Between 3 and less than 5 years ago | 10 | 0 |
| Between 5 and 10 years ago | 36 | 50 |
| Longer than that | 16 | 20 |
| Don't know | 13 | 0 |
| Didn't see first program | 15 | 7 |
| N | (80) | (10) |

14. In the second show, Melba, the dancer and her husband, Jason, a doctor, have an argument. Was the argument about . . .

| | A1 | Attrition |
|---|---|---|
| How to spend their money | 5 | 10 |
| Spending the evening of their anniversary together | 52 | 40 |
| About what kind of furniture to buy for their apartment | 4 | 0 |
| Don't know | 13 | 30 |
| Didn't see second program | 26 | 20 |
| N | (80) | (20) |

WAVE II

Subsample
(Per Cent)

15. In the third show, Hank keeps coming in to Mac's Place, completely exhausted because he . . . .

| | A1 | Attrition |
|---|---|---|
| Started to do too much exercise too fast . . . | 42 | 30 |
| Didn't sleep well the night before . . . . . . | 0 | 10 |
| Because he heard very upsetting news about someone he loved . . . . . . . . . . . . | 6 | 0 |
| Don't know . . . . . . . . . . . . . . . . . . | 16 | 20 |
| Didn't see third program . . . . . . . . . . . | 35 | 40 |
| N . . . . . . . . . . . . . . . . . . . . . . | (79) | (10) |

16. Sometimes when people watch a television program, they stop watching for awhile because of a telephone call, an unexpected visit from a neighbor, or something like that. How about you--thinking of the first three programs--when you watched them, did you . . .

| | A1 | Attrition |
|---|---|---|
| Usually watch each program completely . . . . | (47) | 40 |
| Usually watch most of it . . . . . . . . . . . | 36 | 20 |
| About half of it . . . . . . . . . . . . . . . | 13 | 40 |
| Less than that . . . . . . . . . . . . . . . . | 4 | 0 |
| N . . . . . . . . . . . . . . . . . . . . . . | (80) | (10) |

17. When you watched the Feeling Good programs, did you usually watch by yourself, or did someone else usually watch with you?

| | A1 | Attrition |
|---|---|---|
| Watched by herself . . . . . . . . . . . . . . | 45 | 30 |
| N . . . . . . . . . . . . . . . . . . . . . . | (80) | (10) |

18. Did you talk to anyone about the things you saw in the programs, or not?

| | A1 | Attrition |
|---|---|---|
| Yes . . . . . . . . . . . . . . . . . . . . . | 77 | (70) |
| No . . . . . . . . . . . . . . . . . . . . . . | (80) | (10) |

19. Did you suggest to anyone who hadn't seen the program, to watch it?

| | A1 | Attrition |
|---|---|---|
| Yes . . . . . . . . . . . . . . . . . . . . . | 77 | 80 |
| No . . . . . . . . . . . . . . . . . . . . . . | (80) | (10) |

IF "YES,"

19A. Who was that? (CODE AS MANY AS APPLY)

| | A1 | Attrition |
|---|---|---|
| Husband . . . . . . . . . . . . . . . . . . . | 23 | 38 |
| Respondent's child(ren) . . . . . . . . . . . | 16 | 13 |
| Other relative(s) . . . . . . . . . . . . . . | 47 | 63 |
| Neighbor(s) or friend(s) . . . . . . . . . . | 63 | 38 |
| N . . . . . . . . . . . . . . . . . . . . . . | (62) | (8) |

**WAVE II**

**IF INDUCED NON-VIEWER (SAMPLE B1).**

22. In the last 4 weeks or so, have you watched any adult programs on Channel 13 (KERA) at all?

| | Subsample (Per Cent) | |
|---|---|---|
| | B1 | Attrition |
| Yes | 37 | 20 |
| Don't know | 4 | |
| N | (27) | (5) |

IF "YES,"

A. Have you watched Masterpiece Theatre?

| | | |
|---|---|---|
| Yes | 50 | 100 |
| N | (10) | (1) |

B. Have you watched Behind the Lines?

| | | |
|---|---|---|
| Yes | 0 | 100 |
| Don't know | 20 | 0 |
| N | (10) | (1) |

C. Have you watched Feeling Good?

| | | |
|---|---|---|
| Yes | 30 | 0 |
| Don't know | 10 | 0 |
| N | (10) | (1) |

IF "YES,"

C1. How many times have you watched it?

| | | |
|---|---|---|
| One time | 67 | – |
| 3 times | 33 | – |
| N | (3) | (0) |

## WAVE II

23. Last week was the head of your household working, going to school, keeping house, or what?

Subsample

(Per Cent)

| | A1 | B1 | Total | Attrition |
|---|---|---|---|---|
| Working. . . . . . . . . . . . . . . | 81 | 74 | 79 | 80 |
| With job, but not at work because of temporary illness . . | 1 | 0 | 1 | 0 |
| With a job, but not a work because of vacation. . . . . . . | 0 | 4 | 1 | 0 |
| Unemployed, laid off, looking for work . . . . . . . . . . . . | 0 | 7 | 1 | 0 |
| Retired. . . . . . . . . . . . . . . | 6 | 7 | 7 | 0 |
| In school. . . . . . . . . . . . . . | 2 | 0 | 1 | 0 |
| Keeping house. . . . . . . . . . . . | 9 | 7 | 9 | 12 |
| Disabled or handicapped. . . . . . | 0 | 0 | 0 | 4 |
| Other. . . . . . . . . . . . . . . . | 1 | 0 | 1 | 4 |
| N . . . . . . . . . . . . . . . . . | (109) | (27) | (136) | (25) |

## WAVE III

1. Would you say that in general, your health is . . .

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Excellent . . . | 23 | 21 | 8 | 30 | 35 | 24 | 0 | 22 | 27 |
| Good . . . . . | 45 | 38 | 48 | 48 | 52 | 47 | 55 | 46 | 49 |
| Fair . . . . . . | 25 | [illegible] | 40 | 22 | 9 | 21 | 40 | 26 | 15 |
| Poor . . . . . . | 7 | [illegible] | 4 | 0 | 4 | 8 | 5 | 6 | 9 |
| N . . . . . . . | (107) | (29) | (25) | (27) | (23) | (75) | (20) | (306) | 33 |

**WAVE III**

2. In the past month, how many days did you have to stay in bed, indoors or away from your usual activities because of illness or injury?

Subsample

(Per Cent)

| Number of days: | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| 0 . . . . | 74 | 72 | 60 | 78 | 78 | 69 | 70 | 72 | 59 |
| 1 . . . . | 5 | 3 | 4 | 4 | 9 | 1 | 5 | 4 | 0 |
| 2 . . . . | 4 | 7 | 8 | 0 | 0 | 8 | 5 | 5 | 13 |
| 3 . . . . | 4 | 10 | 8 | 4 | 4 | 5 | 0 | 5 | 3 |
| 4 . . . . | 0 | 3 | 4 | 7 | 0 | 1 | 5 | 2 | 9 |
| 5 . . . . | 2 | 0 | 0 | 4 | 0 | 3 | 5 | 2 | 3 |
| 7 . . . . | 2 | 0 | 0 | 0 | 4 | 3 | 0 | 2 | 6 |
| 8 . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 . . . . | 1 | 3 | 4 | 0 | 0 | 0 | 5 | 1 | 0 |
| 14 . . . . | 4 | 0 | 4 | 0 | 0 | 3 | 5 | 3 | 3 |
| 15 . . . . | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 . . . . | 0 | 0 | 0 | 0 | 4 | 3 | 0 | 1 | 3 |
| 21 . . . . | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| 25 . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 30 . . . . | 4 | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 0 |
| 31 . . . . | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |

## WAVE III

3. Last week, was the head of your household working, going to school, keeping house or what?

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Atrition |
|---|---|---|---|---|---|---|---|---|---|
| Working . . . . . . . . . . . | 78 | 72 | 56 | 89 | 74 | 76 | 80 | 76 | 61 |
| With a job, but not at work because of temporary illness . . . . | 1 | 3 | 0 | 0 | 4 | 3 | 5 | 2 | 6 |
| With a job, but not at work because of vacation. | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unemployed, laid off, looking for work . . . . | 3 | 3 | 8 | 0 | 4 | 3 | 0 | 3 | 0 |
| Retired . . . . . . . . . . . | 4 | 7 | 16 | 7 | 0 | 5 | 5 | 6 | 12 |
| In school . . . . . . . . . . | 3 | 3 | 0 | 0 | 0 | 1 | 0 | 2 | 6 |
| Keeping house . . . . . . . . | 8 | 10 | 16 | 4 | 17 | 11 | 5 | 10 | 15 |
| Disabled or handicapped . . | 3 | 0 | 0 | 0 | 0 | 1 | 5 | 2 | 0 |
| Other . . . . . . . . . . . . | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |

**WAVE III**

4. I'm going to read some statements. For each one, please tell me whether you agree or disagree with it.

Subsample

(Per Cent)

A. If eaten at one meal, a large amount of food prepared with wine or liquor can make you drunk.

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes, agree . . . | 19 | 34 | 38 | 30 | 22 | 19 | 20 | 23 | 18 |
| No, Disagree . . | 68 | 55 | 63 | 63 | 61 | 64 | 35 | 62 | 64 |
| Don't know . . . | 13 | 10 | 0 | 7 | 17 | 17 | 45 | 15 | 18 |
| N . . . . . . . . . | (109) | ((29) | (24) | (27) | (23) | (75) | (20) | (307) | (33) |

B. Eggs contain a lot of cholesterol.

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes, agree . . . | 88 | 86 | 84 | 78 | 83 | 87 | 60 | 84 | 76 |
| No, disagree . . | 6 | 7 | 8 | 7 | 4 | 7 | 5 | 6 | 15 |
| Don't know . . . | 5 | 3 | 4 | 4 | 0 | 7 | 30 | 6 | 6 |
| Don't know what it means . . . | 1 | 3 | 4 | 11 | 13 | 0 | 5 | 3 | 3 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |

IF "DON'T KNOW WHAT IT MEANS" SKIP TO F.

C. Eating foods high in cholesterol won't hurt you.

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes, agree . . . | 10 | 14 | 13 | 29 | 15 | 20 | 0 | 14 | 13 |
| No, disagree . . | 84 | 79 | 83 | 63 | 85 | 67 | 74 | 77 | 72 |
| Don't know . . . | 5 | 7 | 4 | 8 | 0 | 11 | 26 | 8 | 16 |
| Don't know what it means . . . | 1 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 |
| N . . . . . . . . . | (108) | (28) | (24) | (24) | (20) | (75) | (19) | (298) | (32) |

D. Margerine contains more cholesterol than butter.

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes, agree . . . | 31 | 18 | 21 | 25 | 30 | 35 | 16 | 28 | 13 |
| No, disagree . . | 62 | 64 | 63 | 54 | 40 | 41 | 47 | 54 | 53 |
| Don't know . . . | 6 | 18 | 17 | 21 | 30 | 24 | 37 | 17 | 34 |
| Don't know what it means . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . | (108) | (28) | (24) | (24) | (20) | (75) | (19) | (298) | (32) |

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| **Continued** | | | | | | | | | |
| E. There is a lot of cholesterol in green leafy vegetables. | | | | | | | | | |
| Yes, agree . . . | 15 | 4 | 4 | 8 | 10 | 7 | 0 | 9 | 16 |
| No, disagree . . | 78 | 79 | 75 | 75 | 75 | 83 | 63 | 78 | 66 |
| Don't know . . . | 6 | 18 | 21 | 17 | 15 | 9 | 37 | 12 | 16 |
| Don't know what it means . . . | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 3 |
| N . . . . . . . . . | (108) | (28) | (24) | (24) | (20) | (75) | (19) | (298) | (32) |
| F. Alcoholism is easier to treat in its later stages when symptoms are more definite. | | | | | | | | | |
| Yes, agree . . . | 16 | 14 | 24 | 19 | 22 | 23 | 25 | 19 | 18 |
| No, disagree . . | 82 | 83 | 68 | 74 | 65 | 71 | 55 | 74 | 67 |
| Don't know . . . | 3 | 3 | 8 | 7 | 13 | 7 | 20 | 6 | 15 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| G. When a doctor orders treatment, a patient has the right to say she does not want it. | | | | | | | | | |
| Yes, agree . . . | 82 | 90 | 88 | 93 | 91 | 81 | 90 | 85 | 88 |
| No, disagree . . | 17 | 10 | 8 | 7 | 9 | 17 | 10 | 14 | 12 |
| Don't know . . . | 1 | 0 | 4 | 0 | 0 | 1 | 0 | 1 | 0 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| H. It is not important to prepare a child in advance for a new baby brother or sister. | | | | | | | | | |
| Yes, agree . . . | 9 | 0 | 8 | 11 | 13 | 7 | 10 | 8 | 6 |
| No, disagree . . | 91 | 100 | 88 | 89 | 87 | 93 | 90 | 92 | 94 |
| Don't know . . . | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| I. All women, regardless of their age and number of children, should have a pap smear test. | | | | | | | | | |
| Yes, agree . . . | 97 | 100 | 100 | 92 | 96 | 95 | 95 | 96 | 88 |
| No, disagree . . | 2 | 0 | 0 | 8 | 4 | 4 | 5 | 3 | 6 |
| Don't know . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 |
| Don't know what it means | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| N . . . . . . . . . | (108) | (29) | (25) | (27) | (23) | (75) | (20) | (307) | (33) |

IF "DON'T KNOW WHAT IT MEANS" SKIP TO K.

**Subsample**

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| **Continued** | | | | | | | | | |
| J. The pap smear is a test for pregnancy. | | | | | | | | | |
| Yes, agree . . . | 9 | 14 | 12 | 12 | 5 | 9 | 5 | 10 | 16 |
| No, disagree . . | 87 | 86 | 88 | 88 | 91 | 88 | 95 | 88 | 84 |
| Don't know . . . | 4 | 0 | 0 | 0 | 5 | 3 | 0 | 2 | 0 |
| N . . . . . . . . . | (108) | (28) | (25) | (26) | (22) | (75) | (20) | (304) | (32) |
| K. A woman who has already had one healthy child doesn't need much prenatal care if she becomes pregnant again. | | | | | | | | | |
| Yes, agree . . . | 6 | 7 | 4 | 7 | 4 | 9 | 0 | 6 | 6 |
| No, disagree . . | 93 | 90 | 96 | 93 | 96 | 91 | 100 | 93 | 91 |
| Don't know . . . | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| L. It really doesn't matter what you eat. If you're going to be healthy, you'll be healthy anyway. | | | | | | | | | |
| Yes, agree . . . | 10 | 3 | 4 | 4 | 13 | 9 | 30 | 10 | 12 |
| No, disagree . . | 89 | 97 | 96 | 96 | 87 | 91 | 70 | 90 | 85 |
| Don't know . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| M. Cigarette smoking increases the chance of heart attack. | | | | | | | | | |
| Yes, agree . . . | 89 | 97 | 84 | 93 | 96 | 81 | 90 | 88 | 82 |
| No, disagree . . | 9 | 0 | 12 | 4 | 4 | 13 | 5 | 8 | 15 |
| Don't know . . . | 2 | 3 | 4 | 4 | 0 | 5 | 5 | 3 | 3 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| **Continued** | | | | | | | | | |
| N. A person can have high blood pressure and not know it. | | | | | | | | | |
| Yes, agree . . . . . | 99 | 97 | 100 | 100 | 96 | 100 | 100 | 99 | 100 |
| No, disagree . . . . | 1 | 3 | 0 | 0 | 4 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| O. Babies should be talked to in baby talk so they can understand it better. | | | | | | | | | |
| Yes, agree . . . . . | 27 | 24 | 8 | 22 | 17 | 12 | 16 | 20 | 18 |
| No, disagree . . . . | 73 | 76 | 92 | 74 | 83 | 85 | 79 | 79 | 76 |
| Don't know . . . . . | 0 | 0 | 0 | 4 | 0 | 3 | 5 | 1 | 6 |
| N . . . . . . . . . . | (108) | (29) | (25) | (27) | (23) | (75) | (19) | (306) | (33) |
| P. A pregnant woman should cut down on the amount of salt she eats. | | | | | | | | | |
| Yes, agree . . . . . | 95 | 97 | 96 | 93 | 91 | 93 | 85 | 94 | 88 |
| No, disagree . . . . | 1 | 3 | 4 | 0 | 9 | 4 | 10 | 3 | 9 |
| Don't know . . . . . | 4 | 0 | 0 | 7 | 0 | 3 | 5 | 3 | 3 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| Q. The effects of cigarette smoking on the body can be reversed when the person quits smoking. | | | | | | | | | |
| Yes, agree . . . . . | 51 | 52 | 56 | 67 | 48 | 43 | 60 | 51 | 49 |
| No, disagree . . . . | 41 | 31 | 32 | 19 | 30 | 39 | 25 | 35 | 36 |
| Don't know . . . . . | 5 | 17 | 12 | 15 | 22 | 16 | 15 | 12 | 15 |
| Don't know what it means . . . . . | 3 | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 0 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| R. Heart disease tends to run in some families | | | | | | | | | |
| Yes, agree . . . . . | 90 | 90 | 84 | 89 | 61 | 85 | 90 | 86 | 82 |
| No, disagree . . . . | 10 | 3 | 4 | 11 | 30 | 11 | 10 | 11 | 6 |
| Don't know . . . . . | 0 | 7 | 8 | 0 | 9 | 4 | 0 | 3 | 9 |
| Don't know what it means . . . . . | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 3 |
| No . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |

Subsample

(Per Cent)

**Continued**

|  | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| S. Not much can be done outside a hospital for a person who has a heart attack. |  |  |  |  |  |  |  |  |  |
| Yes, agree . . . . . | 33 | 41 | 36 | 41 | 39 | 45 | 40 | 39 | 33 |
| No, disagree . . . . | 66 | 59 | 60 | 56 | 52 | 53 | 55 | 59 | 61 |
| Don't know . . . . . | 0 | 0 | 4 | 4 | 9 | 1 | 5 | 2 | 6 |
| Don't know what it means . . . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| T. Even if you see a dentist regularly and take care of your teeth, you cannot expect them to last a lifetime. |  |  |  |  |  |  |  |  |  |
| Yes, agree . . . . . | 38 | 52 | 48 | 48 | 48 | 51 | 50 | 45 | 58 |
| No, disagree . . . . | 62 | 48 | 52 | 48 | 52 | 45 | 45 | 53 | 39 |
| Don't know . . . . . | 0 | 0 | 0 | 4 | 0 | 4 | 5 | 2 | 3 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| U. Besides watching your diet, there's not much you can do to prevent heart attacks. |  |  |  |  |  |  |  |  |  |
| Yes, agree . . . . . | 21 | 14 | 24 | 30 | 52 | 19 | 20 | 23 | 33 |
| No, disagree . . . . | 78 | 86 | 76 | 59 | 48 | 79 | 80 | 75 | 64 |
| Don't know . . . . . | 1 | 0 | 0 | 11 | 0 | 3 | 0 | 2 | 3 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| V. It is good for your health to eat the skin of turkey or chicken. |  |  |  |  |  |  |  |  |  |
| Yes, agree . . . . . | 22 | 24 | 12 | 30 | 13 | 9 | 15 | 18 | 15 |
| No, disagree . . . . | 67 | 55 | 60 | 44 | 61 | 73 | 40 | 63 | 52 |
| Don't know . . . . . | 1 | 21 | 28 | 26 | 26 | 17 | 45 | 19 | 33 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |

WAVE III

Subsample

(Per Cent)

5. If someone with a drinking problem asks a close relative for money to pay bills, should the relative . . .

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Give him the money . . . . . | 17 | 7 | 4 | 19 | 17 | 12 | 15 | 14 | 19 |
| Not give him the money . . . | 78 | 83 | 88 | 74 | 74 | 88 | 80 | 81 | 72 |
| Relative should pay bill, not give cash. . . . . . . | 4 | 3 | 8 | 0 | 9 | 0 | 5 | 3 | 3 |
| Depends . . . . . . . . . . . | 2 | 7 | 0 | 7 | 0 | 0 | 0 | 2 | 6 |
| N . . . . . . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (32) |

**WAVE III**

6. I'd like to ask you about some things that you may or may not have done since the last time we spoke with you.

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| A. Have you started a regular program of exercise for yourself? | | | | | | | | | |
| Yes . . . . . . . . . | 43 | 21 | 32 | 19 | 26 | 23 | 10 | 30 | 36 |
| Started before last interview. . | 4 | 3 | 0 | 11 | 0 | 4 | 0 | 4 | 6 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| B. Have you made special effort to eat more fresh fruit? | | | | | | | | | |
| Yes . . . . . . . . . | 79 | 66 | 84 | 59 | 39 | 60 | 40 | 66 | 79 |
| Started before last interview. . | 7 | 3 | 4 | 15 | 4 | 9 | 0 | 7 | 3 |
| N . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| C. Have you had a dental checkup? | | | | | | | | | |
| Yes . . . . . . . . . | 20 | 29 | 25 | 22 | 17 | 27 | 21 | 23 | 31 |
| Don't know . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| N . . . . . . . . . | (104) | (28) | (24) | (27) | (23) | (75) | (19) | (300) | (32) |
| D. Have you had a Pap smear test? | | | | | | | | | |
| Yes . . . . . . . . . | 27 | 29 | 32 | 19 | 22 | 21 | 45 | 26 | 21 |
| Don't know . . . . | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . | (109) | (28) | (25) | (27) | (23) | (76) | (20) | (308) | (33) |

Continued

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| E. Have you had a doctor examine your breasts? | | | | | | | | | |
| Yes . . . . . . . . . | 35 | 38 | 52 | 33 | 22 | 33 | 60 | 37 | 36 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |
| F. Have you examined your own breasts? | | | | | | | | | |
| Yes . . . . . . . . . | 83 | 83 | 84 | 52 | 65 | 70 | 65 | 74 | 61 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |
| G. Have you asked a doctor to teach you how to examine your own breasts? | | | | | | | | | |
| Yes . . . . . . . . . | 17 | 7 | 24 | 7 | 9 | 17 | 30 | 16 | 6 |
| N . . . . . . . . . . | (108) | (29) | (25) | (27) | (23) | (76) | (20) | (308) | (33) |
| H. Have you had a routine physical checkup when nothing was bothering you and you didn't need one because of a job or anything like that? | | | | | | | | | |
| Yes . . . . . . . . . | 28 | 17 | 28 | 15 | 22 | 24 | 25 | 24 | 12 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |
| I. Have you asked or written for some information about health that was offered on TV? | | | | | | | | | |
| Yes . . . . . . . . . | 14 | 10 | 12 | 0 | 9 | 4 | 5 | 9 | 6 |
| N . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |

**WAVE III**

7. Do you have the telephone number of the Poison Control Center written down somewhere?

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . | 27 | 34 | 20 | 15 | 4 | 13 | 15 | 20 | 18 |
| N . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |
| IF "YES." | | | | | | | | | |
| Is it near the telephone? | | | | | | | | | |
| Yes . . . . . | 61 | 80 | 80 | 75 | 100 | 70 | 100 | 70 | 67 |
| N . . . . . | (28) | (10) | (5) | (4) | (1) | (10) | (3) | (61) | (6) |

WAVE III

8. Since we talked with you last, have you had your blood pressure checked?

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . | 61 | 55 | 76 | 56 | 48 | 58 | 60 | 59 | 60 |
| N . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |

IF "YES,"

A. Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| High . . . . . | 21 | 13 | 39 | 13 | 27 | 18 | 25 | 21 | 20 |
| Low . . . . . . | 2 | 0 | 6 | 13 | 9 | 0 | 17 | 4 | 0 |
| Normal . . . . | 64 | 16 | 50 | 67 | 55 | 64 | 50 | 63 | 55 |
| Not told anything. . . | 14 | 0 | 6 | 7 | 9 | 18 | 8 | 12 | 25 |
| N . . . . . . . | (66) | (16) | (18) | (15) | (11) | (44) | (12) | (182) | (20) |

## WAVE III

9. Since we last talked with you, have you urged anyone else to have his or her blood pressure checked?

Subsample

(Per Cent)

|  | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . | 71 | 59 | 72 | 56 | 52 | 41 | 35 | 57 | 39 |
| Don't know . . . . . | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . . | (109) | (29) | (25) | (27) | (23) | (76) | (20) | (309) | (33) |

10. Do you have a child in your household under age 6?

Subsample

(Per Cent)

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . | 50 | 52 | 48 | 56 | 70 | 51 | 55 | 53 | 52 |
| N . . . . . . | (109) | (29) | (25) | (27) | (23) | (75) | (20) | (308) | (33) |

IF "YES"

A. Since we talked with you last, have you made any special effort to keep poisonous or harmful materials out of the reach of small children?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . | 84 | 87 | 67 | 87 | 94 | 92 | 91 | 86 | 82 |
| N . . . . . . | (55) | (15) | (12) | (15) | (16) | (38) | (11) | (162) | (17) |

B. Since that time, have you made an effort to cut down on the amount of cake, cookies, candy and other sweets your children eat?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . | 85 | 73 | 75 | 67 | 75 | 79 | 73 | 78 | 65 |
| N . . . . . . | (55) | (15) | (12) | (15) | (16) | (38) | (11) | (162) | (17) |

C. Since that time, have you taken your oldest child under age 6 for shots or immunizations?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . | 31 | 33 | 50 | 27 | 38 | 24 | 55 | 33 | 24 |
| Had all in the past . | 13 | 7 | 17 | 7 | 19 | 5 | 27 | 12 | 18 |
| N . . . . . . | (55) | (15) | (12) | (15) | (16) | (38) | (11) | (162) | (17) |

D. Do you have a child under age 6 who has not yet started school?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . | 82 | 80 | 92 | 87 | 100 | 89 | 100 | 88 | 88 |
| N . . . . . . | (55) | (15) | (12) | (15) | (16) | (38) | (11) | (162) | (17) |

IF "YES"

1. Have you taken your oldest pre-school child in for a vision test since we last spoke to you?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . | 16 | 17 | 9 | 0 | 19 | 12 | 18 | 13 | 7 |
| Did it in the past . | 0 | 0 | 0 | 8 | 6 | 3 | 9 | 3 | 0 |
| N . . . . . | (45) | (12) | (11) | (13) | (16) | (34) | (11) | (142) | (15) |

2. Have you taken your oldest pre-school child in for a hearing test since we last spoke to you?

| | A1 | A2 | A4 | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . | 18 | 0 | 18 | 0 | 0 | 15 | 11 | 12 | 13 |
| Did it in the past . | 2 | 8 | 0 | 0 | 6 | 0 | 9 | 3 | 0 |
| N . . . . . | (45) | (12) | (11) | (13) | (16) | (34) | (11) | (142) | (15) |

WAVE III

IF RESPONDENT IS "INDUCED VIEWER," (SAMPLE A).

11. Now I would like to ask you about the Feeling Good programs that have been shown since November 20th.

Did you see all eleven programs, most of them, about half, only a few, or none?

| | Subsample (Per Cent) | | | | |
|---|---|---|---|---|---|
| | A1 | A2 | A4 | Total | Attrition |
| All eleven . . . . . . . . . . . | 6 | 0 | 8 | 5 | 0 |
| Most . . . . . . . . . . . . . . | 41 | 48 | 32 | 41 | 44 |
| About half . . . . . . . . . . . | 20 | 21 | 4 | 18 | 19 |
| Only a few . . . . . . . . . . . | 25 | 31 | 52 | 30 | 19 |
| Saw but don't know how many . . . . . . . . . . | 2 | 0 | 0 | 1 | 0 |
| None . . . . . . . . . . . . . . | 6 | 0 | 4 | 5 | 19 |
| N . . . . . . . . . . . . . . . | (109) | (29) | (25) | (163) | (16) |

IF SAW SOME PROGRAMS OR MORE.

12. Sometimes when people watch a television program, they stop watching for a while because of a telephone call, an unexpected visit from a neighbor, or something like that. How about you--thinking of the Feeling Good programs you watched since the beginning of December--when you watched them, did you . . .

| | A1 | A2 | A4 | Total | Attrition |
|---|---|---|---|---|---|
| Usually watch each program completely . . . . . | 43 | 31 | 58 | 43 | 39 |
| Usually watch most of it . . . . . . . . . . . | 33 | 41 | 33 | 34 | 46 |
| About half of it . . . . . . . . | 19 | 21 | 8 | 18 | 8 |
| Less than half . . . . . . . . . | 5 | 7 | 0 | 5 | 8 |
| Don't know . . . . . . . . . . . | 1 | 0 | 0 | 1 | 0 |
| N . . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

WAVE III

IF RESPONDENT IS "INDUCED VIEWER." (SAMPLE A).

13. When you watched the Feeling Good programs since the beginning of December, did you usually watch by yourself, or did someone else usually watch with you?

| | Subsample (Per Cent) | | | | |
|---|---|---|---|---|---|
| | A1 | A2 | A4 | Total | Attrition |
| Watched by herself . . . . . . | 44 | 34 | 50 | 43 | 31 |
| N . . . . . . . . . . . . . . . | (100) | (29) | (24) | (153) | (13) |

14. Did you talk to anyone since that time about the things you saw in the programs, or not?

| | A1 | A2 | A4 | Total | Attrition |
|---|---|---|---|---|---|
| Yes. . . . . . . . . . . . . . | 94 | 79 | 88 | 90 | 69 |
| No . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

15. Did you suggest to anyone who hadn't seen the program, to watch it?

| | A1 | A2 | A4 | Total | Attrition |
|---|---|---|---|---|---|
| Yes . . . . . . . . . . . . . . | 90 | 66 | 92 | 86 | 85 |
| No . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

IF "YES,"

A. Who was that? (CODE AS MANY AS APPLY.)

| | A1 | A2 | A4 | Total | Attrition |
|---|---|---|---|---|---|
| Husband . . . . . . . . . . . . | 7 | 11 | 23 | 10 | 18 |
| Respondent's child(ren) . . . . . . . . . | 6 | 5 | 14 | 7 | 18 |
| Other relative(s) . . . . . . . . | 42 | 47 | 50 | 44 | 73 |
| Neighbor(s) or friend(s) . . . . . . . . . . . | 72 | 63 | 73 | 70 | 45 |
| N . . . . . . . . . . . . . . . | (91) | (19) | (22) | (132) | (11) |

IF RESPONDENT IS "INDUCED VIEWER," (SAMPLE A).

WAVE III

We know that when we watch television, some things remain with us more than others, and each one of us remembers different things. I'm going to mention some things that we've shown on the Feeling Good programs and ask you a few questions.

16. In one of the Feeling Good shows, a man is shown on death row being served his last meal. As you remember it, was the food he ordered . . .

| | Subsample (Per Cent) | | | | |
|---|---|---|---|---|---|
| | A1 | A2 | A4 | Total | Attrition |
| A balanced meal . . . . . . . | 9 | 7 | 13 | 9 | 0 |
| High in saturated fat and cholesterol . . . . . | 23 | 28 | 17 | 23 | 54 |
| Bread and water only . . . . | 5 | 7 | 4 | 5 | 0 |
| Didn't see that show . . . . | 48 | 31 | 54 | 45 | 31 |
| Don't remember . . . . . . . | 16 | 28 | 13 | 18 | 15 |
| N . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

17. In another show, the waitress' little boy, Felipe, spends the morning with her in Mac's place. At one point in the show, he goes into the back room and rummages around. Later he gets sick and everyone worries about what he might have eaten and he is taken to the doctor. As you remember it, did the doctor say . . .

| | | | | | |
|---|---|---|---|---|---|
| That Felipe ate too much . . . | 38 | 24 | 25 | 34 | 15 |
| That he had swallowed poison . . . . . . . . . . . . | 6 | 3 | 13 | 7 | 8 |
| That he was allergic to chocolate . . . . . . . . . . | 11 | 10 | 4 | 10 | 8 |
| Didn't see that show . . . . . | 17 | 34 | 25 | 22 | 23 |
| Don't remember . . . . . . . . | 27 | 28 | 33 | 28 | 46 |
| N . . . . . . . . . . . . . . . | (99) | (29) | (24) | (152) | (13) |

**WAVE III**

18. In the Christmas show of Feeling Good, the older woman, Mrs. Stebbins, who is a regular customer in Mac's Place is . . .

|  | Subsample (Per Cent) |  |  |  |  |
|---|---|---|---|---|---|
|  | A1 | A2 | A4 | Total | Attrition |
| Happy because she bought a new dress . . . . . . . . . | 5 | 3 | 0 | 4 | 8 |
| Sad because someone in her family recently died . . . . . . . . . . . . . | 3 | 0 | 0 | 2 | 0 |
| Is lonely and sad because she doesn't have her family near her at Christmas time . . . | 47 | 55 | 50 | 49 | 23 |
| Didn't see that show . . . . . | 33 | 21 | 38 | 31 | 31 |
| Don't remember . . . . . . . . . | 13 | 21 | 13 | 14 | 38 |
| N . . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

19. On the New Year's Day show of Feeling Good, Mac's brother Charlie comes to visit Mac in Mac's Place. Did he come because . . .

|  | A1 | A2 | A4 | Total | Attrition |
|---|---|---|---|---|---|
| He had a late Christmas present to give Mac . . . . | 5 | 3 | 4 | 5 | 0 |
| He had spent all his money on liquor and needed more money . . . . . . . . . . | 47 | 38 | 42 | 44 | 39 |
| Because he wanted to help Mac clean the store . . . . | 3 | 3 | 0 | 3 | 0 |
| Didn't see that show . . . . . | 34 | 34 | 42 | 35 | 46 |
| Don't remember . . . . . . . . . | 12 | 21 | 13 | 14 | 15 |
| N . . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

20. In one of the Feeling Good shows, Mac is talked into buying something. As you remember it, was he talked into buying . . .

|  | A1 | A2 | A4 | Total | Attrition |
|---|---|---|---|---|---|
| Shares on the stock market . . . . . . . . . . | 13 | 7 | 21 | 13 | 7 |
| Some land in Florida . . . | 34 | 21 | 29 | 31 | 31 |
| A new car . . . . . . . . . | 5 | 14 | 8 | 7 | 0 |
| Didn't see that show . . . | 23 | 24 | 25 | 23 | 31 |
| Don't remember . . . . . . | 26 | 34 | 17 | 26 | 31 |
| N . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

**WAVE III**

21. In one of the Feeling Good shows, Melba, the dancer has an appointment with an insurance man to find out about health insurance. As you remember it, does she . . .

| | Subsample (Per Cent) | | | | |
|---|---|---|---|---|---|
| | A1 | A2 | A4 | Total | Attrition |
| Buy the health insurance right away from the insurance man. . . . . . . . | 5 | 7 | 0 | 5 | 8 |
| Decide to shop around to see what different policies offer before makes up her mind . . . . . | 43 | 41 | 54 | 44 | 39 |
| Does she decide it isn't necessary to have a health insurance policy . . . . . . . . . . . . | 9 | 7 | 8 | 8 | 0 |
| Didn't see that show . . . . . | 26 | 28 | 29 | 27 | 46 |
| Don't remember . . . . . . . . . | 18 | 17 | 8 | 16 | 8 |
| N . . . . . . . . . . . . . . . | (101) | (29) | (24) | (154) | (13) |

22. In one of the shows, Felipe, the waitress's little boy, was being prepared for something. Was it for . . .

| | | | | | |
|---|---|---|---|---|---|
| A trip to his grandmother's . . . . | 2 | 3 | 4 | 3 | 0 |
| His first day in school . . . . . . | 4 | 7 | 4 | 5 | 8 |
| Going to the hospital to have his tonsils removed . . . . | 61 | 52 | 54 | 58 | 46 |
| Didn't see that show . . . . . . . . | 19 | 24 | 21 | 20 | 31 |
| Don't remember . . . . . . . . . . . | 14 | 14 | 17 | 14 | 15 |
| N . . . . . . . . . . . . . . . . . | (100) | (29) | (24) | (153) | (13) |

23. In the last show, Jason, the doctor, and his wife, Melba, convince Melba's cousin to train for a job. Is the job . . .

| | | | | | |
|---|---|---|---|---|---|
| In a school . . . . . . . . . . | 6 | 0 | 4 | 5 | 8 |
| In a hospital . . . . . . . . . | 48 | 41 | 30 | 44 | 23 |
| In the theatre . . . . . . . . . | 1 | 3 | 4 | 2 | 0 |
| Didn't see that show . . . . . . | 31 | 45 | 39 | 35 | 46 |
| Don't remember . . . . . . . . . | 13 | 10 | 22 | 14 | 23 |
| N . . . . . . . . . . . . . . . | (99) | (29) | (23) | (151) | (13) |

## WAVE III

26. In the last 6 weeks or so, have you watched any adult programs on Channel 13 (KERA) at all?

Subsample

(Per Cent)

| | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|
| Yes | 37 | 39 | 33 | 20 | 33 | 30 |
| Don't know | 0 | 0 | 1 | 0 | 1 | 0 |
| N | (27) | (23) | (76) | (20) | (146) | (17) |

IF "YES,"

A. Have you watched Masterpiece Theatre?

| | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|
| Yes | 10 | 67 | 44 | 50 | 42 | 40 |
| Don't know | 20 | 0 | 16 | 0 | 13 | 0 |
| N | (10) | (9) | (25) | (4) | (48) | (5) |

B. Have you watched Behind the Lines?

| | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|
| Yes | 40 | 11 | 8 | 25 | 17 | 40 |
| Don't know | 0 | 22 | 0 | 0 | 4 | 0 |
| N | (10) | (9) | (25) | (4) | (48) | (5) |

C. Have you watched Feeling Good?

| | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|
| Yes | 30 | 11 | 44 | 0 | 31 | 40 |
| Don't know | 0 | 0 | 12 | 0 | 6 | 0 |
| N | (10) | (9) | (25) | (4) | (48) | (5) |

IF "YES,"

1. How many times have you watched it?

| | B1 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|
| 1 time | 33 | 0 | 18 | 0 | 20 | 0 |
| 2 times | 0 | 0 | 27 | 0 | 20 | 0 |
| 3 times | 33 | 0 | 18 | 0 | 20 | 50 |
| 4 times | 33 | 0 | 18 | 0 | 20 | 0 |
| 5 times | 0 | 100 | 0 | 0 | 7 | 0 |
| 8 times | 0 | 0 | 9 | 0 | 7 | 0 |
| 11 times | 0 | 0 | 9 | 0 | 7 | 0 |
| Don't Know | 0 | 0 | 0 | 0 | 0 | 1 |
| N | (3) | (1) | (11) | (0) | (15) | (2) |

## WAVE 3.5

1. You received a calendar with the dates and times of the programs. Perhaps, if look at that calendar, you'll remember which shows you watched.

   Let's begin with the week of April 13. When did you watch "Feeling Good" during that week?
   (Show #202--Alcoholism)

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Sunday, 4/13/75, 9:30 P.M. . . . . . . . . . . | 46 | 38 | 47 | 52 | 46 | 38 |
| Tuesday, 4/15/75, 2:30 P.M. . . . . . . . . . . | 7 | 3 | 12 | 4 | 8 | 0 |
| Thursday, 4/17/75, 12:15 P.M.. . . . . . . . . . | 10 | 14 | 11 | 8 | 11 | 13 |
| Saw program but doesn't remember when . . . . . . . | 1 | 0 | 3 | 0 | 1 | 0 |
| Doesn't remember if saw or not . . . . . . . . | 3 | 0 | 0 | 0 | 1 | 0 |
| Didn't see program . . . . . | 33 | 45 | 27 | 36 | 33 | 50 |
| N . . . . . . . . . . . . . . . | (109) | (29) | (74) | (25) | (237) | (8) |

WAVE 3.5

2. How about the following week, that is, the week of April 20th. When did you watch "Feeling Good" during that week?
(Show #203--Coming Back From A Heart Attack)

| | Subsample (Per Cent) | | | | | |
|---|---|---|---|---|---|---|
| | A1 | A2 | A3 | A4 | Total | Attrition |
| Sunday, 4/20/75, 9:30 P.M. | 41 | 41 | 47 | 44 | 43 | 25 |
| Tuesday, 4/22/75, 2:30 P.M. | 12 | 17 | 18 | 8 | 14 | 0 |
| Thursday, 4/24/75, 12:15 P.M. | 9 | 17 | 11 | 12 | 11 | 25 |
| Saw program but doesn't remember when | 4 | 0 | 3 | 0 | 3 | 0 |
| Doesn't remember if saw or not | 1 | 0 | 0 | 0 | 0 | 0 |
| Didn't see program | 33 | 24 | 22 | 36 | 29 | 50 |
| N | (109) | (29) | (74) | (25) | (237) | (8) |

WAVE 3.5

3. And during this past week, that is, the week of April 27, when did you watch "Feeling Good?"
(Show #204--Vision)

| | Subsample (Per Cent) | | | | | |
|---|---|---|---|---|---|---|
| | A1 | A2 | A3 | A4 | Total | Attrition |
| Sunday, 4/27/75, 9:30 P.M. . . . . . . . . . | 46 | 55 | 35 | 44 | 43 | 25 |
| Tuesday, 4/29/75, 2:30 P.M. . . . . . . . . . | 8 | 3 | 16 | 8 | 10 | 0 |
| Thursday, 5/1/75, 12:15 P.M. . . . . . . . . . | 11 | 7 | 11 | 12 | 11 | 0 |
| Saw program but doesn't remember when . . . . . . | 1 | 0 | 1 | 0 | 1 | 6 |
| Doesn't remember if saw or not . . . . . . . . | 2 | 0 | 1 | 0 | 1 | 0 |
| Didn't see program . . . . . | 32 | 34 | 35 | 36 | 34 | 75 |
| N . . . . . . . . . . . . . . . | (109) | (29) | (74) | (25) | (237) | (8) |

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Continued** | | | | | | | | | | | |
| F. Have you made any special effort to keep poisonous or harmful materials out of the reach of your small children? | | | | | | | | | | | |
| Yes. . . . . . . . . . | 60 | 55 | 58 | 56 | 44 | 46 | 61 | 58 | 35 | 54 | 63 |
| Started before MARCH 1. . . . . . . | 4 | 3 | 14 | -- | 11 | 11 | 4 | 1 | 10 | 7 | 0 |
| Does not apply . . . | 32 | 41 | 27 | 40 | 37 | 40 | 30 | 37 | 45 | 35 | 38 |
| N. . . . . . . . . . . | (74) | (17) | (54) | (15) | (17) | (51) | (16) | (48) | (11) | (468) | (16) |
| G. Have you made a special effort to eat more fresh fruit ? | | | | | | | | | | | |
| Yes . . . . . . . . . . | 79 | 79 | 85 | 72 | 59 | 69 | 78 | 78 | 65 | 76 | 81 |
| Started before MARCH 1. . . . . . . | 5 | 7 | 3 | 8 | 7 | 14 | 4 | 4 | 0 | 6 | 6 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| H. Have you started a regular program of exercise for yourself ? | | | | | | | | | | | |
| Yes . . . . . . . . . . | 53 | 34 | 53 | 64 | 56 | 48 | 57 | 32 | 15 | 47 | 44 |
| Started before MARCH 1 . . . . . . . | 4 | 7 | 3 | 4 | 0 | 5 | 4 | 3 | 5 | 4 | 0 |
| Don't know. . . . . . | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . | (108) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |

**WAVE IV**

1. First, I'd like to ask you about some things you may or may not have done since March 1st of this year.

| | Subsample (Per Cent) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
| **A. Have you had a Pap smear test?** | | | | | | | | | | | |
| Yes | 25 | 17 | 24 | 28 | 30 | 31 | 22 | 21 | 30 | 25 | 25 |
| Don't know | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| N | (109) | (29) | (72) | (25) | (27) | (84) | (23) | (76) | (20) | (465) | (16) |
| **B. Have you urged anyone else to have a Pap smear test?** | | | | | | | | | | | |
| Yes | 52 | 52 | 55 | 36 | 26 | 35 | 43 | 33 | 35 | 43 | 31 |
| Don't know | 2 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 1 | 0 |
| N | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| **C. Have you had a dental checkup?** | | | | | | | | | | | |
| Yes | 24 | 29 | 25 | 24 | 22 | 30 | 17 | 33 | 10 | 26 | 31 |
| Don't know | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| N | (108) | (28) | (73) | (25) | (27) | (83) | (23) | (76) | (20) | (463) | (16) |
| **D. Have you had an eye examination?** | | | | | | | | | | | |
| Yes | 20 | 10 | 19 | 16 | 22 | 20 | 17 | 28 | 15 | 20 | 19 |
| N | (107) | (29) | (73) | (25) | (27) | (84) | (23) | (76) | (20) | (464) | (16) |
| **E. Have you taken your oldest pre-school child for a vision test?** | | | | | | | | | | | |
| Yes | 21 | 7 | 27 | 16 | 7 | 14 | 20 | 15 | 37 | 19 | 6 |
| Don't know | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Does not apply | 41 | 48 | 35 | 48 | 44 | 49 | 35 | 46 | 45 | 43 | 44 |
| N | (64) | (15) | (48) | (13) | (15) | (43) | (15) | (41) | (11) | (265) | (16) |

## WAVE IV

2. Since March 1st, have you had your blood pressure checked?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . | 63 | 59 | 55 | 72 | 74 | 68 | 65 | 58 | 55 | 63 | 50 |
| N. . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

A. IF YES: Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| High . . . . . . . . | 15 | 6 | 5 | 29 | 15 | 12 | 13 | 16 | 27 | 14 | 25 |
| Low. . . . . . . . . | 3 | 6 | 12 | 12 | 0 | 7 | 7 | 5 | 18 | 7 | 0 |
| Normal . . . . . . . | 74 | 71 | 76 | 47 | 65 | 67 | 73 | 59 | 27 | 66 | 63 |
| Not told anything. | 9 | 18 | 7 | 12 | 20 | 14 | 7 | 20 | 27 | 13 | 13 |
| N. . . . . . . . . . | (68) | (17) | (41) | (17) | (20) | (58) | (15) | (44) | (11) | (291) | (8) |

3. Since March 1st, have you urged anyone else to have his or her blood pressure checked?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . . | 66 | 48 | 62 | 68 | 48 | 44 | 57 | 34 | 25 | 52 | 63 |
| N. . . . . . . . . . . | (109) | (29) | (73) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |

**WAVE IV**

4. Now I'm going to read some statements to you, and for each one tell me whether you agree or disagree.

Subsample

(Per Cent)

A. Besides watching your diet, there's not much you can do to prevent heart attacks.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Disagree . . | 71 | 83 | 85 | 76 | 81 | 69 | 74 | 75 | 80 | 76 | 62 |
| Don't know . . | 1 | 0 | 0 | 0 | 0 | 4 | 0 | 3 | 10 | 2 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

B. Once a person has had a heart attack, he should do as little physical activity as possible.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Disagree . . | 70 | 62 | 75 | 72 | 70 | 70 | 65 | 70 | 65 | 71 | 69 |
| Don't know . . | 2 | 0 | 1 | 4 | 4 | 6 | 0 | 0 | 0 | 2 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (84) | (23) | (76) | (20) | (467) | (16) |

C. Only people who drink so much that they can't work can really be called "alcoholics."

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Disagree . . | 64 | 72 | 76 | 84 | 63 | 64 | 78 | 63 | 50 | 68 | 56 |
| Don't know . . | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 10 | 1 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

D. It is easier to cure a person of alcoholism if the person doesn't realize that he's an alcoholic.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Disagree . . | 74 | 83 | 81 | 86 | 81 | 75 | 78 | 80 | 75 | 78 | 69 |
| Don't know . . | 6 | 3 | 1 | 4 | 0 | 1 | 0 | 7 | 15 | 4 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

E. After a woman has had a breast removed because of cancer, she is still capable of having a normal sex life.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Agree . . . . | 97 | 100 | 97 | 88 | 89 | 91 | 87 | 89 | 90 | 93 | 88 |
| Don't know . . | 2 | 0 | 0 | 0 | 7 | 5 | 4 | 5 | 0 | 3 | 6 |
| N . . . . . . . | (108) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |

Subsample

(Per Cent)

|  | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Continued |  |  |  |  |  |  |  |  |  |  |  |
| F. People who do regular exercise have fewer heart attacks than people who don't. |  |  |  |  |  |  |  |  |  |  |  |
| Agree . . . . | 76 | 79 | 85 | 68 | 74 | 76 | 87 | 78 | 65 | 78 | 56 |
| Don't know . . | 6 | 3 | 0 | 12 | 7 | 4 | 0 | 8 | 15 | 5 | 13 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| G. Taking tranquilizers is a good way of dealing with stress. |  |  |  |  |  |  |  |  |  |  |  |
| Disagree . . . | 73 | 79 | 88 | 84 | 78 | 73 | 70 | 79 | 65 | 78 | 75 |
| Don't know . . | 9 | 0 | 0 | 4 | 11 | 5 | 4 | 5 | 5 | 5 | 6 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| H. Eggs contain a lot of cholesterol. |  |  |  |  |  |  |  |  |  |  |  |
| Agree . . . . | 96 | 93 | 96 | 96 | 93 | 92 | 83 | 91 | 80 | 93 | 81 |
| Don't know . . | 3 | 3 | 0 | 4 | 0 | 1 | 9 | 1 | 0 | 2 | 0 |
| Don't know what it mean . . . . | 0 | 0 | 3 | 0 | 7 | 5 | 9 | 1 | 15 | 3 | 12 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| IF "DON'T KNOW WHAT IT MEANS," SKIP TO L. |  |  |  |  |  |  |  |  |  |  |  |
| I. Eating foods high in cholesterol won't hurt you. |  |  |  |  |  |  |  |  |  |  |  |
| Disagree . . . | 93 | 89 | 84 | 96 | 88 | 81 | 85 | 83 | 94 | 87 | 86 |
| Don't know . . | 4 | 7 | 6 | 4 | 8 | 10 | 5 | 4 | 0 | 6 | 0 |
| N . . . . . . . | (109) | (28) | (72) | (25) | (25) | (81) | (21) | (75) | (17) | (453) | (14) |
| J. Margarine contains more cholesterol than butter. |  |  |  |  |  |  |  |  |  |  |  |
| Disagree . . . | 60 | 61 | 56 | 48 | 52 | 50 | 53 | 51 | 47 | 54 | 57 |
| Don't know . . | 12 | 18 | 14 | 20 | 12 | 23 | 14 | 20 | 29 | 17 | 14 |
| N . . . . . . . | (109) | (28) | (71) | (25) | (25) | (81) | (21) | (75) | (17) | (452) | (14) |
| K. There is a lot of cholesterol in green leafy vegetables. |  |  |  |  |  |  |  |  |  |  |  |
| Disagree . . . | 82 | 82 | 86 | 84 | 76 | 78 | 90 | 85 | 76 | 82 | 93 |
| Don't know . . | 6 | 4 | 11 | 12 | 8 | 15 | 0 | 12 | 24 | 10 | 0 |
| N . . . . . . . | (109) | (28) | (71) | (25) | (25) | (81) | (21) | (75) | (17) | (452) | (14) |

Continued

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| L. Cigarette smoking increases the chance of heart attack. | | | | | | | | | | | |
| Agree . . . . | 86 | 90 | 88 | 80 | 93 | 76 | 83 | 92 | 79 | 85 | 81 |
| Don't know . . | 5 | 3 | 3 | 4 | 0 | 2 | 4 | 4 | 5 | 3 | 0 |
| N . . . . . . . | (109) | (29) | (73) | (25) | (27) | (84) | (23) | (75) | (19) | (464) | (16) |
| M. Heart disease tends to run in some families. | | | | | | | | | | | |
| Agree . . . . | 84 | 82 | 82 | 92 | 89 | 85 | 87 | 84 | 95 | 85 | 81 |
| Don't know . . | 3 | 4 | 4 | 4 | 4 | 1 | 0 | 4 | 0 | 3 | 6 |
| N . . . . . . . | (109) | (28) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |
| N. It's not good to ask a doctor a lot of questions about your illness--he'll tell you what you need to know. | | | | | | | | | | | |
| Disagree . . | 88 | 93 | 89 | 92 | 81 | 82 | 87 | 86 | 75 | 87 | 69 |
| Don't know . . | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| N . . . . . . . | (109) | (29) | (73) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |
| O. Stress can be helpful as well as harmful. | | | | | | | | | | | |
| Agree . . . . | 56 | 48 | 49 | 52 | 41 | 53 | 39 | 39 | 40 | 48 | 67 |
| Don't know . . | 5 | 0 | 9 | 0 | 4 | 6 | 9 | 8 | 5 | 6 | 7 |
| N . . . . . . . | (108) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (15) |
| P. When a doctor orders treatment, a patient has the right to say she does not want it. | | | | | | | | | | | |
| Agree . . . . | 85 | 93 | 84 | 88 | 85 | 88 | 74 | 86 | 85 | 86 | 68 |
| Don't know . . | 2 | 0 | 0 | 0 | 0 | 4 | 0 | 1 | 0 | 1 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| Q. It is impossible to avoid stress in everyday life even if you are very careful. | | | | | | | | | | | |
| Agree . . . . | 78 | 83 | 72 | 92 | 70 | 78 | 61 | 78 | 80 | 77 | 81 |
| Don't know . . | 2 | 0 | 3 | 0 | 4 | 1 | 9 | 0 | 5 | 2 | 6 |
| N . . . . . . . | (108) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |

**Wave IV**

5. When you are getting ready to speak to a doctor about yourself or someone else in the family, do you . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Try to memorize all the complaints and symptoms . . . . . . | 58 | 55 | 45 | 48 | 52 | 49 | 39 | 66 | 50 | 53 | 50 |
| Write a list of the complaints and symptoms so you won't forget, or . . . . . | 36 | 34 | 49 | 32 | 26 | 38 | 52 | 29 | 25 | 37 | 50 |
| Do something else? . . . . . . . . | 6 | 10 | 7 | 20 | 22 | 13 | 9 | 5 | 25 | 10 | 0 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

**WAVE IV**

6. Some people say that doctors usually don't tell you enough about your conditions; they don't explain just what the trouble is. Do you think that is true of most doctors, or not?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| True . . . . . | 71 | 62 | 69 | 40 | 70 | 62 | 57 | 63 | 70 | 65 | 75 |
| Don't know . . | 2 | 0 | 0 | 8 | 0 | 4 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

A. IF "TRUE": When that happens to you, how often do you ask the doctor to tell you more about the condition . . .

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| All the time . | 41 | 56 | 60 | 50 | 58 | 60 | 54 | 59 | 50 | 54 | 67 |
| Sometimes . . . | 54 | 39 | 38 | 50 | 37 | 36 | 46 | 39 | 50 | 43 | 33 |
| Never . . . . | 5 | 6 | 2 | 0 | 5 | 4 | 0 | 2 | 0 | 3 | 0 |
| N . . . . . . . . | (74) | (18) | (50) | (10) | (19) | (53) | (13) | (46) | (14) | (297) | (12) |

**WAVE IV**

7. For each of the following ideas about sickness and health, please tell me if you mostly agree or mostly disagree.

Subsample

(Per Cent)

A. No matter how careful a person is, he has to expect a good deal of illness in his lifetime.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mostly agree . | 50 | 45 | 47 | 32 | 56 | 38 | 48 | 46 | 55 | 46 | 69 |
| Mostly disagree | 50 | 52 | 51 | 68 | 44 | 60 | 52 | 54 | 40 | 53 | 31 |
| Don't know . . | 1 | 3 | 1 | 0 | 0 | 2 | 0 | 0 | 5 | 1 | 0 |
| N . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

B. Being healthy is mainly a matter of how well you look after yourself.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mostly agree . | 96 | 79 | 96 | 100 | 93 | 91 | 91 | 95 | 95 | 94 | 94 |
| Mostly disagree | 4 | 17 | 3 | 0 | 4 | 8 | 9 | 5 | 5 | 6 | 6 |
| Don't know . . | 0 | 3 | 1 | 0 | 4 | 1 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

C. There's not much a person can do to keep from getting sick.

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mostly agree . | 33 | 28 | 27 | 24 | 22 | 34 | 39 | 33 | 35 | 31 | 62 |
| Mostly disagree | 66 | 69 | 72 | 76 | 78 | 62 | 61 | 67 | 65 | 68 | 39 |
| Don't know . . | 1 | 3 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

5

**WAVE IV**

8. When do you think a child's eyes should first be checked . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Before the child is five years old . . . . . . . | 76 | 79 | 80 | 76 | 67 | 65 | 61 | 66 | 75 | 72 | 75 |
| When the child is between five and seven years old . | 21 | 17 | 19 | 24 | 30 | 31 | 35 | 30 | 15 | 25 | 19 |
| When the child is between seven and ten years old . | 2 | 3 | 1 | 0 | 4 | 4 | 4 | 4 | 5 | 3 | 0 |
| Don't know . . . . | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 5 | 1 | 6 |
| N . . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (74) | (20) | (466) | (16) |

**WAVE IV**

9. How often do you think people over 35 should have their eyes checked for glaucoma . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Every six months . | 42 | 31 | 41 | 64 | 33 | 29 | 26 | 25 | 20 | 35 | 56 |
| Every year . . . | 57 | 55 | 53 | 32 | 52 | 58 | 61 | 61 | 65 | 56 | 38 |
| Every 2 years . . | 0 | 10 | 7 | 4 | 11 | 8 | 13 | 12 | 10 | 7 | 6 |
| Don't know . . . . | 0 | 3 | 0 | 0 | 4 | 5 | 0 | 1 | 5 | 2 | 0 |
| Don't know what it means . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| N . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

10. If a person has heart trouble, which one of these kinds of meat do you think is best for him to eat?

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Beef. . . . . . . . | 63 | 55 | 51 | 68 | 63 | 62 | 70 | 63 | 70 | 61 | 56 |
| Veal . . . . . . . | 19 | 24 | 34 | 20 | 19 | 19 | 13 | 21 | 0 | 21 | 25 |
| Lamb . . . . . . . | 14 | 14 | 12 | 4 | 15 | 17 | 4 | 9 | 10 | 12 | 6 |
| Pork . . . . . . . | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 1 | 6 |
| Don't know . . . . | 3 | 7 | 3 | 8 | 4 | 2 | 9 | 5 | 20 | 5 | 6 |
| N . . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (84) | (23) | (76) | (20) | (467) | (16) |

11. How often do you think a woman should examine her own breasts for lumps . . .

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Every week . . . . | 17 | 17 | 24 | 28 | 19 | 26 | 17 | 33 | 25 | 23 | 31 |
| Every month . . . . | 71 | 66 | 58 | 72 | 59 | 54 | 57 | 44 | 70 | 60 | 50 |
| Every 6 months . . | 12 | 14 | 14 | 0 | 19 | 15 | 17 | 16 | 0 | 13 | 12 |
| Every year . . . . | 0 | 3 | 3 | 0 | 4 | 4 | 9 | 5 | 5 | 3 | 6 |
| Don't know . . . . | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| N . . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (84) | (23) | (75) | (20) | (466) | (16) |

WAVE IV

I'm going to read you a few more statements, and for each one tell me whether you agree or disagree.

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 12. Even with early detection and treatment, a large majority of women with breast cancer die from it. | | | | | | | | | | | |
| Disagree . . . | 80 | 90 | 77 | 92 | 74 | 67 | 74 | 64 | 70 | 75 | 81 |
| Don't know . . | 1 | 0 | 1 | 0 | 4 | 5 | 0 | 0 | 5 | 2 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| 13. A person who has diabetes in his family runs a greater risk of having glaucoma. | | | | | | | | | | | |
| Agree . . . . | 61 | 62 | 50 | 32 | 41 | 39 | 35 | 29 | 30 | 45 | 50 |
| Don't know . . | 17 | 17 | 21 | 20 | 30 | 31 | 30 | 32 | 35 | 25 | 19 |
| N . . . . . . . | (109) | (29) | (72) | (25) | (27) | (85) | (23) | (76) | (20) | (466) | (16) |
| 14. It's not important to give your doctor a complete description of your symptoms--he'll find out what's wrong with you when he examines you. | | | | | | | | | | | |
| Disagree . . . | 83 | 93 | 88 | 100 | 89 | 92 | 91 | 87 | 90 | 88 | 75 |
| Don't know . . | 0 | 0 | 1 | 0 | 4 | 1 | 0 | 0 | 0 | 1 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| 15. Most people who have had heart attacks can never again lead normal lives. | | | | | | | | | | | |
| Disagree . . . | 88 | 90 | 88 | 88 | 100 | 88 | 91 | 87 | 90 | 89 | 94 |
| Don't know . . | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| 16. Parents who drink a lot are more likely to have children who drink a lot. | | | | | | | | | | | |
| Agree . . . . | 42 | 54 | 47 | 36 | 44 | 33 | 26 | 34 | 20 | 39 | 56 |
| Don't know . . | 4 | 4 | 3 | 4 | 4 | 2 | 0 | 9 | 10 | 4 | 0 |
| N . . . . . . . | (109) | (28) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |
| 17. The doctor should help the patient describe his symptoms. | | | | | | | | | | | |
| Disagree . . . | 47 | 62 | 37 | 40 | 52 | 37 | 57 | 44 | 60 | 45 | 31 |
| Don't know . . | 1 | 0 | 4 | 0 | 0 | 1 | 4 | 1 | 10 | 2 | 0 |
| N . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

**WAVE IV**

18. Do you read newspaper items about health . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Frequently. . . . . | 55 | 45 | 46 | 36 | 44 | 51 | 22 | 39 | 50 | 46 | 38 |
| Only occasionally. . . . . . . | 31 | 31 | 45 | 44 | 37 | 32 | 61 | 50 | 45 | 39 | 50 |
| Hardly ever . . . . | 15 | 24 | 9 | 20 | 19 | 18 | 17 | 11 | 5 | 15 | 13 |
| N . . . . . . . . . . | (108) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (467) | (16) |

A. **IF HARDLY EVER**: Is that because you . . .

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Don't read the newspapers much . . . . . . . | 75 | 71 | 86 | 100 | 100 | 53 | 100 | 88 | 0 | 76 | 0 |
| Because you usually skip the health columns . | 0 | 29 | 14 | 0 | 0 | 27 | 0 | 13 | 100 | 13 | 100 |
| Other. . . . . . . . | 25 | 0 | 0 | 0 | 0 | 20 | 0 | 0 | 0 | 10 | 0 |
| N. . . . . . . . . . | (16) | (7) | (7) | (5) | (5) | (15) | (4) | (8) | (1) | (68) | (2) |

WAVE IV

19. Do you have any books or pamphlets on health that relate to adults that you refer to when you or anyone else in your household gets sick?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . | 64 | 62 | 72 | 60 | 59 | 62 | 70 | 66 | 50 | 64 | 75 |
| N . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

20. How often do you discuss health matters with people you know . . .

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Often . . . . . . . | 65 | 48 | 66 | 76 | 48 | 52 | 57 | 55 | 50 | 59 | 44 |
| Sometimes . . . . | 34 | 52 | 32 | 24 | 52 | 42 | 39 | 42 | 50 | 39 | 56 |
| Never . . . . . . . | 1 | 0 | 1 | 0 | 0 | 6 | 4 | 3 | 0 | 2 | 0 |
| N . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

21. Have you ever asked a druggist or pharmacist for advice about what to do when someone in your family gets sick?

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes . . . . . . . . | 61 | 62 | 65 | 60 | 59 | 67 | 65 | 49 | 65 | 61 | 63 |
| N . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

WAVE IV

22. Over the last six months, that is, since the first of the year, have you or anyone else in your household had . . .

Subsample

(Per Cent)

|  | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **A.** Heart trouble? |  |  |  |  |  |  |  |  |  |  |  |
| Yes. . . . . . . | 11 | 3 | 7 | 16 | 0 | 7 | 9 | 7 | 10 | 8 | 0 |
| Don't know . . . | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |  |
| N. . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| B. High blood pressure or hypertension? |  |  |  |  |  |  |  |  |  |  |  |
| Yes. . . . . . . | 30 | 14 | 23 | 36 | 22 | 22 | 52 | 26 | 30 | 27 | 6 |
| N. . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| C. Hardening of the arteries? |  |  |  |  |  |  |  |  |  |  |  |
| Yes. . . . . . . | 6 | 3 | 4 | 4 | 7 | 4 | 0 | 11 | 10 | 6 | 0 |
| Don't know . . . | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 6 |
| N. . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| D. A tumor, cyst or growth? |  |  |  |  |  |  |  |  |  |  |  |
| Yes. . . . . . . | 8 | 7 | 4 | 4 | 15 | 9 | 0 | 9 | 5 | 7 | 13 |
| N. . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| E. Mental or emotional trouble? |  |  |  |  |  |  |  |  |  |  |  |
| Yes. . . . . . . | 13 | 3 | 5 | 8 | 11 | 12 | 4 | 16 | 15 | 11 | 31 |
| Don't know . . . | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N. . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Continued | | | | | | | | | | | |
| F. Cancer? | | | | | | | | | | | |
| Yes. . . . . . . | 3 | 0 | 1 | 0 | 4 | 4 | 0 | 0 | 10 | 2 | 6 |
| N. . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| G. Trouble with hearing? | | | | | | | | | | | |
| Yes. . . . . . . | 19 | 10 | 20 | 16 | 4 | 18 | 17 | 12 | 0 | 15 | 25 |
| N. . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| H. Trouble with seeing--even with glasses? | | | | | | | | | | | |
| Yes. . . . . . . | 19 | 21 | 16 | 28 | 15 | 24 | 30 | 26 | 25 | 22 | 25 |
| N. . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| I. Trouble with being very overweight or very underweight? | | | | | | | | | | | |
| Yes. . . . . . . | 36 | 34 | 28 | 32 | 33 | 38 | 57 | 28 | 60 | 35 | 38 |
| Don't know . . . | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| N. . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| J. Trouble due to too much drinking? | | | | | | | | | | | |
| Yes. . . . . . . | 7 | 0 | 3 | 4 | 7 | 6 | 9 | 3 | 5 | 5 | 18 |
| N. . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |
| K. A lot of trouble with the teeth? | | | | | | | | | | | |
| Yes. . . . . . . | 33 | 17 | 31 | 12 | 26 | 36 | 35 | 29 | 30 | 30 | 31 |
| N. . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

WAVE IV

23. When was the last time you had a routine physical check-up when nothing was bothering you and you didn't have to have one because of a job or anything like that--was it . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Less than 3 months ago . . . . | 20 | 17 | 14 | 16 | 15 | 19 | 23 | 21 | 20 | 18 | 12 |
| Between 3 and 6 months ago . . . . | 22 | 17 | 22 | 20 | 15 | 12 | 0 | 5 | 20 | 15 | 6 |
| Between 6 and a year ago . . . . . | 31 | 24 | 31 | 40 | 33 | 40 | 27 | 25 | 20 | 31 | 44 |
| More than a year ago. . . . . . . . | 17 | 28 | 26 | 16 | 22 | 14 | 32 | 25 | 15 | 21 | 19 |
| Have you never gone for a check-up when nothing was bothering you . . | 9 | 14 | 7 | 8 | 11 | 15 | 18 | 24 | 25 | 14 | 19 |
| Don't know . . . . . | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . | (109) | (29) | (72) | (25) | (27) | (85) | (22) | (76) | (20) | (465) | (16) |

**WAVE IV**

**IF "LESS THAN 3 MONTHS AGO," "BETWEEN 3 AND 6 MONTHS AGO," "BETWEEN 6 MONTHS AND A YEAR AGO," OR "MORE THAN A YEAR AGO,"**

24. About how often do you usually get a physical checkup even though you aren't sick, just to make sure everything is all right . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| About every 3 months . . . . . . | 3 | 8 | 3 | 4 | 4 | 1 | 0 | 3 | 7 | 3 | 0 |
| About every 6 months . . . . . . | 24 | 12 | 13 | 17 | 8 | 17 | 16 | 10 | 13 | 16 | 38 |
| About every year . . . . . . . | 65 | 56 | 65 | 57 | 71 | 68 | 63 | 72 | 53 | 65 | 62 |
| Other . . . . . . . . | 8 | 24 | 18 | 17 | 17 | 13 | 21 | 12 | 27 | 14 | 0 |
| Don't know . . . . . | 0 | 0 | 1 | 4 | 0 | 1 | 0 | 2 | 0 | 1 | 0 |
| N . . . . . . . . . . | (99) | (25) | (68) | (23) | (24) | (72) | (19) | (58) | (15) | (403) | (13) |

WAVE IV

25. Did you ever examine your own breasts for the presence of lumps?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes. . . . . . . . . | 92 | 97 | 96 | 100 | 85 | 91 | 87 | 83 | 85 | 91 | 94 |
| N. . . . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

A. IF YES: When did you start examining your breasts--was it. . .

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Within the last 3 months, . . . | 13 | 4 | 14 | 4 | 9 | 0 | 5 | 10 | 0 | 8 | 0 |
| Between 3 and 6 months, ago. . . . | 9 | 7 | 18 | 8 | 0 | 3 | 5 | 5 | 12 | 8 | 13 |
| Between 6 months and a year ago . . | 27 | 19 | 20 | 28 | 17 | 16 | 15 | 16 | 24 | 20 | 33 |
| Between a year and 2 years ago. . . . | 13 | 19 | 13 | 20 | 17 | 24 | 5 | 17 | 18 | 16 | 6 |
| Longer ago than that . . . . . . . | 38 | 52 | 35 | 40 | 57 | 58 | 70 | 51 | 47 | 47 | 47 |
| Don't know . . . . . | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| N. . . . . . . . . . . | (100) | (27) | (71) | (25) | (23) | (76) | (20) | (63) | (17) | (422) | (15) |

IF "YES" TO QUESTION 25.

26. How did you first learn to examine your own breasts?

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| From a doctor (suggested by doctor) . . . . | 15 | 36 | 30 | 40 | 35 | 32 | 40 | 46 | 41 | 31 | 40 |
| From a doctor (suggested by respondent) . . | 10 | 4 | 4 | 8 | 9 | 10 | 5 | 0 | 12 | 7 | 0 |
| From a nurse . . . . | 9 | 4 | 4 | 4 | 4 | 5 | 0 | 3 | 6 | 5 | 7 |
| From a friend. . . . | 3 | 4 | 1 | 4 | 0 | 4 | 0 | 3 | 6 | 3 | 0 |
| From television. . . | 38 | 7 | 38 | 20 | 4 | 6 | 0 | 11 | 12 | 21 | 13 |
| From a magazine. . . | 8 | 18 | 13 | 8 | 13 | 22 | 10 | 17 | 12 | 14 | 20 |
| Never learned, just do it . . . . | 5 | 0 | 1 | 0 | 9 | 10 | 0 | 2 | 6 | 4 | 7 |
| Other. . . . . . . . | 10 | 21 | 8 | 16 | 26 | 9 | 40 | 16 | 6 | 14 | 13 |
| Don't know . . . . . | 1 | 7 | 0 | 0 | 0 | 0 | 5 | 2 | 0 | 1 | 0 |
| N. . . . . . . . . . . | (99) | (28) | (71) | (25) | (23) | (77) | (20) | (63) | (17) | (423) | (15) |

**WAVE IV**

27. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 . . . . . . . . | 81 | 86 | 89 | 88 | 78 | 78 | 87 | 76 | 95 | 82 | 94 |
| 1 . . . . . . . . | 4 | 3 | 1 | 4 | 4 | 4 | 4 | 3 | 0 | 3 | 0 |
| 2 . . . . . . . . | 2 | 7 | 4 | 0 | 0 | 6 | 0 | 5 | 0 | 3 | 0 |
| 3 . . . . . . . . | 3 | 3 | 3 | 0 | 11 | 4 | 0 | 7 | 0 | 4 | 0 |
| 4 . . . . . . . . | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 1 | 6 |
| 5 . . . . . . . . | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 1 | 0 |
| 6 . . . . . . . . | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 . . . . . . . . | 1 | 0 | 0 | 8 | 0 | 6 | 4 | 0 | 0 | 2 | 0 |
| 9 . . . . . . . . | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 . . . . . . . . | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 . . . . . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 15 . . . . . . . . | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 . . . . . . . . | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 30 . . . . . . . . | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 2 | 0 |
| 31 . . . . . . . . | 0 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 0 |
| N . . . . . . . . | (109) | (29) | (74) | (25) | (27) | (85) | (23) | (76) | (20) | (468) | (16) |

**WAVE IV**

**IF INDUCED NON-VIEWER (SAMPLE B) OR NON-INDUCED NON-VIEWER (SAMPLE C).**

28. In the last 2 months or so, have you watched any adult programs at all on Channel 13 (KERA)?

| | Subsample<br>(Per Cent) | | | | | | |
|---|---|---|---|---|---|---|---|
| | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
| Yes . . . . . . . . . | 37 | 46 | 39 | 34 | 15 | 38 | 0 |
| Don't know . . . . | 7 | 1 | 0 | 1 | 0 | 2 | 100 |
| N . . . . . . . . . . | (27) | (85) | (23) | (76) | (20) | (231) | (2) |
| A. IF YES: Have you watched *Evening at the Symphony*? | | | | | | | |
| Yes . . . . . . . . . | 20 | 23 | 78 | 35 | 0 | 31 | |
| Don't know . . . . | 0 | 0 | 0 | 4 | 0 | 1 | |
| N . . . . . . . . . . | (10) | (39) | (9) | (26) | (3) | (87) | (0) |
| B. Have you watched *Monthy Python's Flying Circus*? | | | | | | | |
| Yes . . . . . . . . . | 40 | 38 | 22 | 31 | 33 | 34 | |
| Don't know . . . . | 0 | 3 | 11 | 0 | 0 | 2 | |
| N . . . . . . . . . . | (10) | (39) | (9) | (26) | (3) | (87) | (0) |
| C. Have you watched *Feeling Good*? | | | | | | | |
| Yes . . . . . . . . . | 70 | 54 | 44 | 38 | 67 | 51 | |
| Don't know . . . . | 0 | 3 | 11 | 0 | 0 | 2 | |
| N . . . . . . . . . . | (10) | (39) | (9) | (26) | (3) | (87) | (0) |
| C1. How many times do you think you've watched *Feeling Good* in the last two months? | | | | | | | |
| 0 . . . . . . . . . . | 0 | 0 | 0 | 11 | 0 | 2 | |
| 1 . . . . . . . . . . | 29 | 33 | 50 | 22 | 0 | 30 | |
| 2 . . . . . . . . . . | 29 | 14 | 25 | 11 | 100 | 21 | |
| 3 . . . . . . . . . . | 0 | 24 | 0 | 11 | 0 | 14 | |
| 4 . . . . . . . . . . | 29 | 0 | 0 | 11 | 0 | 7 | |
| 5 . . . . . . . . . . | 0 | 19 | 25 | 11 | 0 | 14 | |
| 6 . . . . . . . . . . | 0 | 10 | 0 | 0 | 0 | 5 | |
| 7 . . . . . . . . . . | 14 | 0 | 0 | 0 | 0 | 2 | |
| 8 . . . . . . . . . . | 0 | 0 | 0 | 11 | 0 | 2 | |
| Don't know . . . . | 0 | 0 | 0 | 11 | 0 | 2 | |
| N . . . . . . . . . . | (7) | (21) | (4) | (9) | (2) | (43) | (0) |

## WAVE IV

IF INDUCED VIEWER (SAMPLE A).

28. Have you seen any of the new Feeling Good shows, the ones with Dick Cavett?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Yes . . . . . . . . . . . . | 85 | 93 | 92 | 92 | 89 | 86 |
| N . . . . . . . . . . . . | (109) | (29) | (74) | (25) | (237) | (14) |

IF "YES" RESPONDENT ASKED QUESTIONS 29 - 38. IF "NO" SKIP TO QUESTION 39.

29. We'd like to know which Feeling Good shows you were able to watch during, the last few weeks. If you want to, you can check the calendar we sent you. Let's begin with the week of May 4th. When did you watch Feeling Good during that week?
(Show #205--Breast Cancer)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Sunday, 5/4/75, 9:30 P.M. . . . . . . | 58 | 33 | 59 | 65 | 56 | 50 |
| Tuesday, 5/6/75, 2:30 P.M. . . . . . . | 11 | 7 | 16 | 9 | 12 | 8 |
| Thursday, 5/8/75, 12:15 P.M. . . . . . . | 9 | 19 | 3 | 0 | 7 | 0 |
| Saw program but doesn't remember when . . . . . . . . . | 6 | 4 | 3 | 0 | 4 | 8 |
| Doesn't remember if saw or not . . . . . | 3 | 4 | 4 | 4 | 4 | 8 |
| Didn't see program . . . | 13 | 33 | 9 | 22 | 17 | 25 |
| N . . . . . . . . . . . . | (93) | (27) | (68) | (23) | (211) | (12) |

30. How about the following week, that is, the week of May 11th? When did you watch *Feeling Good* during that week?
(Show #206--Stress)

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Sunday, 5/11/75, 9:30 P.M. | 47 | 44 | 58 | 48 | 50 | 33 |
| Tuesday, 5/13/75, 2:30 P.M. | 15 | 7 | 13 | 9 | 13 | 17 |
| Thursday, 5/15/75, 12:15 P.M. | 8 | 15 | 9 | 13 | 10 | 0 |
| Saw program but doesn't remember when | 3 | 4 | 1 | 0 | 2 | 17 |
| Doesn't remember if saw or not | 4 | 7 | 4 | 4 | 5 | 0 |
| Didn't see program | 23 | 22 | 13 | 26 | 20 | 33 |
| N | (93) | (27) | (67) | (23) | (210) | (12) |

31. And when did you watch *Feeling Good* during the week of May 18th?
(Show #207--Dr./Patient Communications)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Sunday, 5/18/75, 7:00 P.M. | 28 | 33 | 40 | 13 | 31 | 25 |
| Tuesday, 5/20/75, 2:30 P.M. | 11 | 22 | 10 | 13 | 12 | 8 |
| Thursday, 5/22/75, 12:15 P.M. | 12 | 7 | 9 | 13 | 10 | 8 |
| Saw program but doesn't remember when | 4 | 0 | 1 | 4 | 3 | 8 |
| Doesn't remember if saw or not | 5 | 4 | 9 | 17 | 8 | 17 |
| Didn't see program | 40 | 33 | 31 | 39 | 36 | 33 |
| N | (93) | (27) | (68) | (23) | (211) | (12) |

**WAVE IV**

32. In one Feeling Good show, a woman is searching for something in her house and is very angry because she can't find it. As you remember it, was she searching for . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| A box of bandaids . . . . . . . . . | 3 | 4 | 7 | 4 | 5 | 0 |
| A package of chicken parts . . . . . | 34 | 37 | 38 | 48 | 37 | 33 |
| A telephone directory . . . . . . . . | 12 | 7 | 10 | 9 | 11 | 0 |
| Didn't see that show . . . . . . . . . . . | 19 | 22 | 9 | 26 | 17 | 25 |
| Don't remember . . . . . . . | 32 | 30 | 35 | 13 | 31 | 42 |
| N . . . . . . . . . . . . . . | (91) | (27) | (68) | (23) | (209) | (12) |

33. In another show, Dick Cavett is served a meal by a French waiter. As you remember it, was the meal . . .

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Very high in saturated fat and cholesterol . . . . . . . | 16 | 11 | 22 | 9 | 17 | 25 |
| Very low in saturated fat and cholesterol . . . . . . . | 22 | 15 | 28 | 22 | 23 | 17 |
| Just a bunch of vitamin pills on a tray . . . . . . . . . . | 8 | 4 | 9 | 9 | 8 | 0 |
| Didn't see that show . . . . . . . . . . . | 20 | 19 | 16 | 35 | 20 | 25 |
| Don't remember . . . . . . . | 34 | 52 | 25 | 26 | 33 | 33 |
| N . . . . . . . . . . . . . . | (93) | (27) | (68) | (23) | (211) | (12) |

**WAVE IV**

34. One of the Feeling Good shows begins with Dick Cavett in a museum. As you remember it, was the museum . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| An art museum . . . . . . . | 22 | 23 | 24 | 35 | 24 | 25 |
| A science museum . . . . . | 8 | 12 | 3 | 0 | 6 | 0 |
| A medical museum . . . . . | 39 | 31 | 34 | 30 | 35 | 8 |
| Didn't see the show . . . . . . . . . . | 14 | 12 | 9 | 22 | 13 | 25 |
| Don't remember . . . . . . | 18 | 23 | 31 | 13 | 22 | 42 |
| N . . . . . . . . . . . . . | (93) | (26) | (68) | (23) | (210) | (12) |

35. In another show, a woman talks about how she was afraid that her operation would stop her from playing her musical instrument. As you remember it, was her instrument . . .

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| A piano . . . . . . . . . . . | 14 | 7 | 13 | 0 | 11 | 8 |
| A harp . . . . . . . . . . . | 5 | 11 | 16 | 13 | 10 | 25 |
| A violin . . . . . . . . . . | 49 | 44 | 37 | 35 | 43 | 17 |
| Didn't see that show . . . . . . . . . . | 11 | 19 | 12 | 30 | 14 | 33 |
| Don't remember . . . . . . | 20 | 19 | 22 | 22 | 21 | 17 |
| N . . . . . . . . . . . . . | (93) | (27) | (68) | (23) | (211) | (12) |

36. In one episode of Feeling Good, Dick Cavett is sitting in a doctor's waiting room. As you remember it, what is he doing while he's waiting? Is he . . .

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Reading a magazine . . . . . . . . . | 10 | 11 | 13 | 14 | 11 | 0 |
| Doing a crossword puzzle . . . . . . . . . . | 8 | 7 | 13 | 9 | 10 | 25 |
| Talking to another patient . . . . . . . . . | 43 | 41 | 38 | 41 | 41 | 25 |
| Didn't see that show . . . . . . . . . . . | 15 | 11 | 12 | 23 | 14 | 17 |
| Don't remember . . . . . . | 24 | 30 | 24 | 14 | 23 | 33 |
| N . . . . . . . . . . . . . . | (92) | (27) | (68) | (22) | (209) | (12) |

37. In another show, Dick Cavett says that every human being is like a giant ball. As you remember it, what kind of a ball was he talking about . . .

| | | | | | | |
|---|---|---|---|---|---|---|
| A rubber ball . . . . . . | 25 | 7 | 24 | 17 | 21 | 33 |
| A football . . . . . . . . . | 1 | 4 | 6 | 4 | 3 | 0 |
| A pinball . . . . . . . . . | 28 | 33 | 34 | 22 | 30 | 8 |
| Didn't see that show . . . . . . . . . . . | 13 | 11 | 9 | 26 | 13 | 25 |
| Don't remember . . . . . . | 33 | 44 | 28 | 30 | 33 | 33 |
| N . . . . . . . . . . . . . . | (93) | (27) | (68) | (23) | (211) | (12) |

WAVE IV

38. Now I'd like to ask you about the old Feeling Good programs, the ones that were shown between November of last year and January of this year. Did you see all eleven of those programs, most of them, about half, only a few, or none?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| All eleven . . . . . . . . . | 12 | 4 | 19 | 9 | 13 | 0 |
| Most . . . . . . . . . . . . | 43 | 37 | 34 | 22 | 37 | 25 |
| About half . . . . . . . . . | 12 | 19 | 18 | 17 | 15 | 42 |
| Only a few . . . . . . . . . | 30 | 37 | 25 | 48 | 31 | 33 |
| Saw, but don't remember how many . . . . . . . . . . | 0 | 0 | 3 | 0 | 1 | 0 |
| None . . . . . . . . . . . . | 3 | 4 | 1 | 4 | 3 | 0 |
| N . . . . . . . . . . . . . | (93) | (27) | (68) | (23) | (211) | (12) |

IF "ALL ELEVEN," "MOST," "ABOUT HALF," "ONLY A FEW," OR "SAW, BUT DON'T KNOW HOW MANY" RESPONDENT ASKED QUESTIONS 40 -43.

IF "NONE" SKIP TO QUESTION 48.

WAVE IV

IF "NO" TO QUESTION 28.

39. Now I'd like to ask you about the old Feeling Good programs, the ones that were shown between November of last year and January of this year. Did you see all eleven of those programs, most of them, about half, only a few, or none?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| All eleven . . . . . . . . . | 0 | 0 | 0 | 0 | 0 | 0 |
| Most . . . . . . . . . . . . | 25 | 0 | 17 | 0 | 19 | 50 |
| About half . . . . . . . . . | 25 | 0 | 17 | 0 | 19 | 0 |
| Only a few . . . . . . . . . | 38 | 50 | 50 | 0 | 38 | 50 |
| Saw, but don't know how many . . . . . . . . | 6 | 50 | 17 | 50 | 15 | 0 |
| None . . . . . . . . . . . . | 6 | 0 | 0 | 50 | 8 | 0 |
| N . . . . . . . . . . . . . . | (16) | (2) | (6) | (2) | (26) | (2) |

SKIP TO QUESTION 48.

WAVE IV

As you know, Feeling Good was taken off the air for about 2 months during the winter. When it came back on in April, the new programs were different in several ways from the old ones. We'd like to ask you a few questions about some of the changes that were made.

40. First, let's talk about the length of the show. Do you prefer a half-hour show or an hour show?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Half-hour . . . . . . . | 72 | 65 | 73 | 73 | 72 | 83 |
| Hour . . . . . . . . . . | 24 | 27 | 26 | 27 | 25 | 17 |
| No preference . . . . . | 3 | 8 | 2 | 0 | 3 | 0 |
| N . . . . . . . . . . . | (90) | (26) | (66) | (22) | (204) | (12) |

## WAVE IV

41. On the old *Feeling Good* show, each program was about several different topics such as cancer, exercising, and heart attacks. On the *new* *Feeling Good*, each program is about only *one* topic, such as breast cancer. Which do you prefer--several topics on each program, or only one topic on each program?

**Subsample**

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Several . . . . . . . . . | 31 | 23 | 21 | 27 | 26 | 42 |
| One . . . . . . . . . . . | 64 | 69 | 73 | 73 | 69 | 58 |
| No preference . . . . . | 4 | 8 | 6 | 0 | 5 | 0 |
| N . . . . . . . . . . . . | (90) | (26) | (66) | (22) | (204) | (12) |

42. The old Feeling Good show usually took place in a restaurant called Mac's Place, and the main characters were people who worked or ate at Mac's Place. On the new Feeling Good, Dick Cavett is the host, and he introduces the guests or the topic to be discussed. Which do you like better--Mac's Place or Dick Cavett?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| Mac's Place . . . . . . | 25 | 27 | 27 | 23 | 25 | 25 |
| Dick Cavett . . . . . . | 67 | 65 | 72 | 73 | 69 | 68 |
| No preference . . . . . | 8 | 8 | 1 | 5 | 5 | 8 |
| N . . . . . . . . . . . . | (89) | (26) | (67) | (22) | (204) | (12) |

**WAVE IV**

43. On the whole, which version of Feeling Good did you prefer--the old one or the new one?

**Subsample**

(Per Cent)

| | A1 | A2 | A3 | A4 | Total | Attrition |
|---|---|---|---|---|---|---|
| The old one . . . . . . | 22 | 27 | 22 | 18 | 23 | 25 |
| The new one . . . . . . | 73 | 58 | 70 | 77 | 71 | 68 |
| No preference . . . . . | 4 | 15 | 7 | 1 | 7 | 8 |
| N . . . . . . . . . . . | (89) | (26) | (67) | (22) | (204) | (12) |

WAVE IV

IF SUBSAMPLE A4, B3, OR C2.

48. Are you the head of the household?

| | Subsample (Per Cent) | | | | |
|---|---|---|---|---|---|
| | A4 | B3 | C2 | Total | Attrition |
| Yes | 40 | 22 | 44 | 35 | 0 |
| Refused | 0 | 0 | 6 | 2 | 0 |
| N | (25) | (23) | (18) | (66) | (1) |

49. What was the last grade of regular school that you completed?

| | A4 | B3 | C2 | Total | Attrition |
|---|---|---|---|---|---|
| No schooling | 0 | 0 | 0 | 0 | 0 |
| 1st to 4th grade | 0 | 0 | 0 | 0 | 0 |
| 5th to 7th grade | 8 | 0 | 12 | 6 | 0 |
| 8th grade | 12 | 0 | 6 | 6 | 100 |
| High school, incomplete (grades 9, 10, or 11) | 28 | 30 | 18 | 26 | 0 |
| High school, complete (12th grade) | 44 | 30 | 47 | 40 | 0 |
| College incomplete | 8 | 17 | 12 | 12 | 0 |
| College, complete | 0 | 22 | 6 | 9 | 0 |
| N | (25) | (23) | (17) | (65) | (1) |

WAVE IV

IF SUBSAMPLE A4, B3, OR C2.

IF RESPONDENT IS NOT THE HEAD OF HOUSEHOLD.

50. What was the last grade (HEAD OF HOUSE) completed in school?

| | Subsample<br>(Per Cent) | | | | |
|---|---|---|---|---|---|
| | A4 | B3 | C2 | Total | Attrition |
| No schooling . . . . . . . | 0 | 6 | 0 | 2 | 0 |
| 1st to 4th grade . . . . . | 0 | 6 | 11 | 5 | 0 |
| 5th to 7th grade . . . . . | 7 | 0 | 11 | 5 | 0 |
| 8th grade . . . . . . . . | 13 | 0 | 0 | 5 | 0 |
| High school, incomplete (grades 9, 10, or 11). . | 27 | 11 | 11 | 17 | 0 |
| High school, complete (12 grade) . . . . . . . | 27 | 22 | 56 | 31 | 100 |
| College, incomplete . . . | 20 | 39 | 0 | 24 | 0 |
| College, complete . . . . | 7 | 17 | 0 | 10 | 0 |
| Don't know . . . . . . . . | 0 | 0 | 11 | 2 | 0 |
| N . . . . . . . . . . . . | (15) | (18) | (9) | (42) | (1) |

51. Last week was (HEAD OF HOUSEHOLD) working, going to school, keeping house, or what?

| | A4 | B3 | C2 | Total | Attrition |
|---|---|---|---|---|---|
| Working . . . . . . . . . | 68 | 70 | 65 | 68 | 100 |
| With a job, but not at work because of temporary illness . . . | 4 | 0 | 0 | 2 | 0 |
| With a job, but not work because of vacation . . | 4 | 9 | 12 | 8 | 0 |
| Unemployed, laid off, looking for work . . . . | 4 | 4 | 0 | 3 | 0 |
| Retired . . . . . . . . . | 8 | 0 | 0 | 3 | 0 |
| In school . . . . . . . . | 0 | 0 | 0 | 0 | 0 |
| Keeping house . . . . . . | 12 | 13 | 24 | 15 | 0 |
| Disabled or handicapped. . | 0 | 4 | 0 | 2 | 0 |
| Other . . . . . . . . . . | 0 | 0 | 0 | 0 | 0 |
| N . . . . . . . . . . . . | (25) | (23) | (17) | (65) | (1) |

A. IF RETIRED, IN SCHOOL, KEEPING HOUSE, DISABLED OR OTHER: Did (you/he/she) ever work for as long as one year?

| | A4 | B3 | C2 | Total | Attrition |
|---|---|---|---|---|---|
| Yes . . . . . . . . . . . . | 100 | 50 | 50 | 69 | |
| N . . . . . . . . . . . . | (5) | (4) | (4) | (13) | 0 |

WAVE IV

IF SUBSAMPLE A4, B3, OR C2.

52. What kind of work (does/did) (HEAD OF HOUSEHOLD) do? That is, what (is/was) (your/his/her) job called?

| | Subsample (Per Cent) | | | | |
|---|---|---|---|---|---|
| | A4 | B3 | C2 | Total | Attrition |
| Professional and Technical (ex: accountants, engineers, physicians, nurses, social workers, teachers, draftsmen, actors, computer programmers) . . . | 0 | 14 | 7 | 7 | 0 |
| Managers and Administrators (ex: treasurers, buyers, office managers, government officials, sales managers, restaurant managers) . . . . . . . . . . . . | 12 | 5 | 0 | 7 | 0 |
| Sales Workers (ex: newsboys, real estate agents, retail sales clerks, manufacturers, sales representatives) . . . . . . . . . | 20 | 24 | 0 | 16 | 0 |
| Clerical Workers (ex: bank tellers, file clerks, mail carriers, dispatchers, office machine operators, secretaries) . . . . . . | 0 | 0 | 27 | 7 | 0 |
| Craftsmen (ex: bakers, floor layers, foremen, machinists, mechanics and repairmen, sheet metal workers, tailors) . . . . . . . . . | 20 | 19 | 27 | 21 | 100 |
| Operatives (ex: assemblers, clothing pressers, produce graders, machine operators, sailors, textile operatives, bus drivers, taxicab drivers, deliverymen . . . . . . . . . . . . | 16 | 24 | 27 | 21 | 0 |
| Laborers (ex: fishermen and oystermen, garbage collectors, warehousemen, laborers, lumbermen and woodchoppers) . . . . . . . . . . . | 4 | 10 | 7 | 7 | 0 |
| Farmers and Farm Managers . . . . . . | 0 | 0 | 0 | 0 | 0 |
| Farm Laborers . . . . . . . . . . . . | 0 | 0 | 0 | 0 | 0 |
| Service Workers (ex: janitors, waiters, nursing aides, airline stewardesses, elevator operators, hairdressers, barbers, cooks, maids) . . . . . . . . . . . . . . . | 28 | 5 | 7 | 15 | 0 |
| N . . . . . . . . . . . . . . . . . . | (25) | (21) | (5) | (61) | (1) |

## WAVE IV

IF SUBSAMPLE A4, B3, C2:

53. For the purpose of our survey, we need to have a rough estimate of the total income of your household before taxes. This includes wages, pensions, welfare, or any other income for everyone who lives in your household. Now, was the total income of your household . . .

Subsample

(Per Cent)

| | A4 | B3 | C2 | Total | Attrition |
|---|---|---|---|---|---|
| $1,999 or less . . . . | 16 | 13 | 18 | 15 | 0 |
| $2,000 to $2,999 . . . | 16 | 13 | 6 | 12 | 0 |
| $3,000 to $3,999 . . . | 8 | 4 | 6 | 6 | 0 |
| $4,000 to $4,999 . . . | 8 | 4 | 12 | 8 | 0 |
| $5,000 to $5,999 . . . | 4 | 4 | 0 | 3 | 0 |
| $6,000 to $6,999 . . . | 16 | 0 | 12 | 9 | 0 |
| $7,000 to $7,999 . . . | 4 | 9 | 0 | 5 | 0 |
| $8,000 to $9,999 . . . | 8 | 0 | 6 | 5 | 100 |
| $10,000 to $14,999 . . | 8 | 26 | 12 | 15 | 0 |
| $15,000 or more . . . | 8 | 22 | 12 | 14 | 0 |
| Don't know . . . . . . | 4 | 4 | 18 | 8 | 0 |
| N . . . . . . . . . . | (25) | (23) | (17) | (65) | (1) |

ASK EVERYONE:

54. What is your race?

Subsample

(Per Cent)

| | A1 | A2 | A3 | A4 | B1 | B2 | B3 | C1 | C2 | Total | Attrition |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Spanish Surname . . | 13 | 17 | 16 | 8 | 15 | 9 | 4 | 9 | 22 | 12 | 100 |
| Black . . . . . . . | 38 | 41 | 39 | 52 | 42 | 38 | 57 | 40 | 39 | 41 | 0 |
| White . . . . . . . | 49 | 41 | 45 | 40 | 42 | 53 | 39 | 49 | 39 | 47 | 0 |
| Other . . . . . . | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 |
| N . . . . . . . . . | (109) | (29) | (74) | (25) | (26) | (85) | (23) | (76) | (18) | (465) | (1) |

# APPENDIX C

## Non-Treatment Effects: Demographic Characteristics of Viewing Groups and Selection Bias Tables

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON A VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Hi Viewer | A Lo Viewer | B Non-Viewer | C Non-Viewer | B Viewed Some | C Viewed Some |
|---|---|---|---|---|---|---|
| **Race**: | | | | | | |
| Spanish surname | 8 | 16 | 11 | 8 | 0 | 36 |
| Black | 42 | 40 | 49 | 41 | 50 | 27 |
| White | 50 | 43 | 40 | 48 | 50 | 36 |
| Other | 0 | 0 | 0 | 2 | 0 | 0 |
| **Annual Household Income**: | | | | | | |
| Under $6,000 | 30 | 36 | 26 | 30 | 0 | 0 |
| $6,000-$9,999 | 15 | 22 | 11 | 17 | 25 | 18 |
| $10,000 or more | 50 | 32 | 52 | 44 | 50 | 73 |
| Don't know, refused | | | | | | |
| **Age**: | | | | | | |
| 18-34 | 45 | 46 | 29 | 39 | 50 | 82 |
| 35-54 | 31 | 28 | 13 | 27 | 25 | 18 |
| 55 or more | 9 | 10 | 9 | 10 | 0 | 0 |
| Missing | 15 | 16 | 49 | 24 | 25 | 0 |
| **Education**: | | | | | | |
| 8th grade or less | 14 | 23 | 4 | 13 | 0 | 0 |
| High school, incomplete (grades 9,10,11) | 18 | 26 | 36 | 28 | 0 | 27 |
| High school, complete (12th grade) | 40 | 36 | 29 | 45 | 75 | 54 |
| College, incomplete | 11 | 9 | 16 | 10 | 25 | 9 |
| College, complete | 17 | 6 | 16 | 4 | 0 | 9 |
| Don't know, refused | | | | | | |
| **Occupation of Household Head**: | | | | | | |
| Professional, managerial | 20 | 25 | 26 | 22 | 50 | 18 |
| Sales, clerical | 16 | 16 | 21 | 11 | 0 | 27 |
| Craftsmen, operatives | 38 | 41 | 42 | 39 | 50 | 27 |
| Laborers, service workers | 27 | 16 | 12 | 25 | 0 | 27 |
| Farm | 0 | 0 | 0 | 1 | 0 | 0 |
| Don't know, refused | 0 | 1 | 0 | 1 | 0 | 0 |
| **Child(ren) under 6 years old**: | | | | | | |
| Yes | 52 | 54 | 61 | 52 | 75 | 64 |
| N | 66 | 97 | 46 | 85 | 4 | 11 |

## DEMOGRAPHIC CHARACTERISTICS FOR OVERALL VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Hi Viewer | A Lo Viewer | B Non-Viewer | C Non-Viewer | B Viewed Some | C Viewed Some |
|---|---|---|---|---|---|---|
| Race: | | | | | | |
| Spanish surname | 9 | 16 | 11 | 9 | 6 | 22 |
| Black | 43 | 39 | 42 | 41 | 40 | 33 |
| White | 47 | 45 | 46 | 47 | 54 | 44 |
| Other | 0 | 0 | 0 | 3 | 0 | 0 |
| Annual Household Income: | | | | | | |
| Under $6,000 | 38 | 30 | 22 | 29 | 14 | 17 |
| $6,000-$9,999 | 18 | 20 | 20 | 17 | 14 | 17 |
| $10,000 or more | 40 | 39 | 50 | 45 | 57 | 56 |
| Don't know, refused | 4 | 12 | 8 | 8 | 14 | 11 |
| Age: | | | | | | |
| 18-34 | 44 | 46 | 48 | 40 | 56 | 61 |
| 35-54 | 28 | 30 | 20 | 27 | 21 | 22 |
| 55 or more | 11 | 9 | 12 | 9 | 12 | 6 |
| Missing | 17 | 14 | 19 | 23 | 12 | 11 |
| Education: | | | | | | |
| 8th grade or less | 17 | 21 | 12 | 15 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 17 | 28 | 31 | 27 | 35 | 33 |
| High school, complete (12th grade) | 41 | 34 | 35 | 45 | 35 | 50 |
| College, incomplete | 8 | 12 | 9 | 9 | 21 | 11 |
| College, complete | 16 | 6 | 12 | 4 | 3 | 6 |
| Don't know, refused | | | | | | |
| Occupation of Household Head: | | | | | | |
| Professional, managerial | 18 | 27 | 24 | 22 | 33 | 17 |
| Sales, clerical | 18 | 14 | 16 | 11 | 18 | 22 |
| Craftsmen, operatives | 38 | 42 | 43 | 39 | 36 | 33 |
| Laborers, service workers | 26 | 16 | 17 | 25 | 12 | 28 |
| Farm | 0 | 0 | 0 | 1 | 0 | 0 |
| Don't know, refused | 0 | 1 | 0 | 1 | 0 | 0 |
| Child(ren) under 6 years old: | | | | | | |
| Yes | 50 | 55 | 60 | 51 | 51 | 61 |
| N | (76) | (87) | (100) | (78) | (35) | (18) |

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON B (PROGRAM 2) VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Viewer | A Non-Viewer | B Non-Viewer | C Non-Viewer | B Uncertain Viewer | C Uncertain Viewer |
|---|---|---|---|---|---|---|
| Race: | | | | | | |
| Spanish surname | 15 | 13 | 11 | 10 | 6 | 25 |
| Black | 49 | 36 | 42 | 38 | 41 | 42 |
| White | 36 | 50 | 47 | 48 | 53 | 33 |
| Other | 0 | 0 | 1 | 5 | 0 | 0 |
| Annual Household Income: | | | | | | |
| Under $6,000 | 19 | 35 | 21 | 27 | 16 | 25 |
| $6,000-$9,999 | 24 | 19 | 19 | 17 | 16 | 17 |
| $10,000 or more | 45 | 40 | 50 | 49 | 56 | 50 |
| Don't know, refused | 12 | 6 | 9 | 9 | 12 | 8 |
| Age: | | | | | | |
| 18-34 | 47 | 47 | 49 | 42 | 55 | 58 |
| 35-54 | 31 | 30 | 20 | 28 | 19 | 17 |
| 55 or more | 8 | 13 | 12 | 8 | 13 | 8 |
| Missing | 14 | 11 | 19 | 22 | 13 | 17 |
| Education: | | | | | | |
| 8th grade or less | 18 | 18 | 12 | 14 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 24 | 23 | 30 | 26 | 39 | 42 |
| High school, complete (12th grade) | 39 | 35 | 36 | 48 | 32 | 33 |
| College, incomplete | 12 | 10 | 10 | 7 | 19 | 17 |
| College, complete | 8 | 13 | 12 | 4 | 3 | 8 |
| Don't know, refused | 0 | 1 | | | | |
| Occupation of Household Head: | | | | | | |
| Professional, managerial | 23 | 23 | 25 | 20 | 30 | 25 |
| Sales, clerical | 10 | 18 | 16 | 13 | 20 | 17 |
| Craftsmen, operatives | 42 | 37 | 43 | 37 | 37 | 42 |
| Laborers, service workers | 19 | 18 | 17 | 27 | 13 | 17 |
| Farm | 1 | 1 | 0 | 1 | 0 | 0 |
| Don't know, refused | 4 | 4 | 0 | 1 | 0 | 0 |
| Child(ren) under 6 years old: | | | | | | |
| Yes | 51 | 54 | 59 | 52 | 53 | 58 |
| N | (78) | (159) | (103) | (84) | (32) | (12) |

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON B (PROGRAM 3) VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Viewer | A Non-Viewer | B Non-Viewer | C Non-Viewer | B Uncertain Viewer | C Uncertain Viewer |
|---|---|---|---|---|---|---|
| Race: | | | | | | |
| Spanish surname | 8 | 15 | 11 | 10 | 6 | 25 |
| Black | 50 | 38 | 42 | 39 | 41 | 42 |
| White | 42 | 47 | 47 | 49 | 53 | 33 |
| Other | 0 | 0 | 0 | 2 | 0 | 0 |
| Annual Household Income: | | | | | | |
| Under $6,000 | 29 | 30 | 21 | 27 | 16 | 25 |
| $6,000-$9,999 | 31 | 18 | 19 | 17 | 16 | 17 |
| $10,000 or more | 35 | 43 | 50 | 47 | 56 | 50 |
| Don't know, refused | 4 | 9 | 9 | 9 | 12 | 8 |
| Age: | | | | | | |
| 18-34 | 50 | 47 | 49 | 42 | 53 | 58 |
| 35-54 | 23 | 32 | 21 | 28 | 19 | 17 |
| 55 or more | 17 | 10 | 12 | 8 | 13 | 8 |
| Missing | 10 | 12 | 19 | 22 | 13 | 17 |
| Education: | | | | | | |
| 8th grade or less | 15 | 19 | 12 | 14 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 27 | 23 | 30 | 26 | 39 | 42 |
| High school, complete (12th grade) | 33 | 37 | 36 | 48 | 32 | 33 |
| College, incomplete | 10 | 11 | 10 | 7 | 19 | 17 |
| College, complete | 15 | 10 | 12 | 4 | 3 | 8 |
| Don't know, refused | | | | | | |
| Occupation of Household Head: | | | | | | |
| Professional, managerial | 19 | 24 | 25 | 20 | 30 | 25 |
| Sales, clerical | 10 | 16 | 16 | 13 | 20 | 17 |
| Craftsmen, operatives | 46 | 37 | 43 | 37 | 37 | 42 |
| Laborers, service workers | 19 | 18 | 17 | 27 | 13 | 17 |
| Farm | 0 | 1 | 0 | 1 | 0 | 0 |
| Don't know, refused | 6 | 4 | 0 | 1 | 6 | 0 |
| Child(ren) under 6 years old: | | | | | | |
| Yes | 56 | 52 | 59 | 52 | 53 | 58 |
| N | (48) | (189) | (103) | (84) | (32) | (12) |

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON B (PROGRAM 4) VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Viewer | A Non-Viewer | B Non-Viewer | C Non-Viewer | B Uncertain Viewer | C Uncertain Viewer |
|---|---|---|---|---|---|---|
| **Race:** | | | | | | |
| Spanish surname | 10 | 15 | 11 | 10 | 6 | 25 |
| Black | 56 | 36 | 42 | 39 | 41 | 42 |
| White | 34 | 49 | 47 | 49 | 53 | 33 |
| Other | 0 | 0 | 0 | 2 | 0 | 0 |
| **Annual Household Income:** | | | | | | |
| Under $6,000 | 26 | 31 | 21 | 27 | 16 | 25 |
| $6,000-$9,999 | 10 | 24 | 19 | 17 | 16 | 17 |
| $10,000 or more | 54 | 38 | 50 | 45 | 56 | 50 |
| Don't know, refused | 10 | 8 | 9 | 9 | 12 | 8 |
| **Age:** | | | | | | |
| 18-34 | 44 | 48 | 49 | 42 | 53 | 58 |
| 35-54 | 32 | 29 | 21 | 28 | 19 | 17 |
| 55 or more | 8 | 12 | 12 | 8 | 13 | 8 |
| Missing | 16 | 11 | 19 | 22 | 13 | 17 |
| **Education:** | | | | | | |
| 8th grade or less | 12 | 20 | 12 | 14 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 20 | 25 | 30 | 26 | 39 | 42 |
| High school, complete (12th grade) | 40 | 35 | 36 | 48 | 32 | 33 |
| College, incomplete | 14 | 10 | 10 | 7 | 19 | 17 |
| College, complete | 14 | 10 | 12 | 4 | 3 | 8 |
| Missing | 0 | 0 | | | | |
| **Occupation of Household Head:** | | | | | | |
| Professional, managerial | 28 | 21 | 25 | 20 | 30 | 25 |
| Sales, clerical | 20 | 14 | 16 | 13 | 20 | 17 |
| Craftsmen, operatives | 30 | 41 | 43 | 37 | 37 | 42 |
| Laborers, service workers | 20 | 18 | 17 | 27 | 13 | 17 |
| Farm | 2 | 0 | 0 | 1 | 0 | 0 |
| Don't know, refused | 0 | 5 | 0 | 1 | 0 | 0 |
| **Child(ren) under 6 years old:** | | | | | | |
| Yes | 54 | 53 | 59 | 52 | 53 | 58 |
| N | (50) | (187) | (103) | (84) | (32) | (12) |

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON B (PROGRAM 5) VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Viewer | A Non-Viewer | B Non-Viewer | C Non-Viewer | B Uncertain Viewer | C Uncertain Viewer |
|---|---|---|---|---|---|---|
| Race: | | | | | | |
| Spanish surname | 17 | 12 | 11 | 10 | 6 | 25 |
| Black | 47 | 36 | 42 | 39 | 41 | 42 |
| White | 36 | 51 | 47 | 49 | 53 | 33 |
| Other | 0 | 0 | 0 | 2 | 0 | 0 |
| Annual Household Income: | | | | | | |
| Under $6,000 | 28 | 32 | 21 | 27 | 16 | 25 |
| $6,000-$9,999 | 24 | 19 | 19 | 17 | 16 | 17 |
| $10,000 or more | 44 | 40 | 50 | 47 | 56 | 50 |
| Don't know, refused | 4 | 10 | 9 | 9 | 12 | 8 |
| Age: | | | | | | |
| 18-34 | 50 | 45 | 49 | 42 | 55 | 58 |
| 35-54 | 30 | 30 | 21 | 28 | 19 | 17 |
| 55 or more | 11 | 11 | 12 | 8 | 13 | 8 |
| Missing | 9 | 14 | 19 | 22 | 13 | 17 |
| Education: | | | | | | |
| 8th grade or less | 21 | 16 | 12 | 14 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 13 | 30 | 30 | 26 | 39 | 42 |
| High school, complete (12th grade) | 43 | 32 | 36 | 48 | 32 | 33 |
| College, incomplete | 10 | 11 | 10 | 7 | 19 | 17 |
| College, complete | 13 | 10 | 12 | 4 | 3 | 8 |
| Don't know, refused | | | | | | |
| Occupation of Household Head: | | | | | | |
| Professional, managerial | 24 | 22 | 25 | 20 | 30 | 25 |
| Sales, clerical | 12 | 17 | 16 | 13 | 20 | 17 |
| Craftsmen, operatives | 41 | 38 | 43 | 37 | 37 | 42 |
| Laborers, service workers | 17 | 19 | 17 | 27 | 13 | 17 |
| Farm | 2 | 0 | 0 | 1 | 0 | 0 |
| Don't know, refused | | | | | | |
| Child(ren) under 6 years old: | | | | | | |
| Yes | 55 | 52 | 59 | 52 | 53 | 58 |
| N | (91) | (146) | (103) | (84) | (32) | (12) |

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON B (PROGRAM 6) VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Viewer | A Non-Viewer | B Non-Viewer | C Non-Viewer | B Uncertain Viewer | C Uncertain Viewer |
|---|---|---|---|---|---|---|
| **Race:** | | | | | | |
| Spanish surname | 11 | 15 | 11 | 10 | 6 | 25 |
| Black | 35 | 42 | 42 | 39 | 41 | 42 |
| White | 54 | 42 | 47 | 49 | 53 | 33 |
| Other | 0 | 0 | 0 | 2 | 0 | 0 |
| **Annual Household Income:** | | | | | | |
| Under $6,000 | 32 | 29 | 21 | 27 | 16 | 25 |
| $6,000-$9,999 | 21 | 21 | 19 | 17 | 16 | 17 |
| $10,000 or more | 44 | 40 | 50 | 47 | 56 | 50 |
| Don't know, refused | 3 | 10 | 9 | 9 | 12 | 8 |
| **Age:** | | | | | | |
| 18-34 | 56 | 44 | 49 | 42 | 55 | 58 |
| 35-54 | 27 | 31 | 21 | 28 | 19 | 17 |
| 55 or more | 8 | 12 | 12 | 8 | 13 | 8 |
| Missing | 10 | 13 | 19 | 22 | 13 | 17 |
| **Education:** | | | | | | |
| 8th grade or less | 13 | 20 | 12 | 14 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 18 | 26 | 30 | 26 | 39 | 42 |
| High school, complete (12th grade) | 41 | 35 | 36 | 48 | 32 | 33 |
| College, incomplete | 13 | 10 | 10 | 7 | 19 | 17 |
| College, complete | 16 | 9 | 12 | 4 | 3 | 8 |
| Missing | 0 | 1 | | | | |
| **Occupation of Household Head:** | | | | | | |
| Professional, managerial | 24 | 22 | 25 | 20 | 30 | 25 |
| Sales, clerical | 13 | 16 | 16 | 13 | 20 | 17 |
| Craftsmen, operatives | 38 | 39 | 43 | 37 | 37 | 42 |
| Laborers, service workers | 18 | 18 | 17 | 27 | 13 | 17 |
| Farm | 3 | 0 | 0 | 1 | 0 | 0 |
| Don't know, refused | 5 | 4 | 0 | | 0 | 0 |
| **Child(ren) under 6 years old:** | | | | | | |
| Yes | 57 | 52 | 59 | 52 | 53 | 58 |
| N | (63) | (174) | (103) | (84) | (32) | (12) |

## DEMOGRAPHIC CHARACTERISTICS FOR SEASON B (PROGRAM 7) VIEWING GROUPS

(Per Cent)

| Demographic Characteristics | A Viewer | A Non-Viewer | B Non-Viewer | C Non-Viewer | B Uncertain Viewer | C Uncertain Viewer |
|---|---|---|---|---|---|---|
| Race: | | | | | | |
| Spanish surname | 20 | 13 | 11 | 10 | 6 | 25 |
| Black | 50 | 40 | 42 | 39 | 41 | 42 |
| White | 30 | 47 | 47 | 49 | 53 | 33 |
| Other | 0 | 0 | 0 | 2 | 0 | 0 |
| Annual Household Income: | | | | | | |
| Under $6,000 | 25 | 30 | 21 | 27 | 16 | 25 |
| $6,000-$9,999 | 5 | 22 | 19 | 17 | 16 | 17 |
| $10,000 or more | 65 | 39 | 50 | 47 | 56 | 50 |
| Don't know, refused | 5 | 8 | 9 | 9 | 12 | 8 |
| Age: | | | | | | |
| 18-34 | 55 | 47 | 49 | 42 | 55 | 58 |
| 35-54 | 20 | 31 | 21 | 28 | 19 | 17 |
| 55 or more | 15 | 11 | 12 | 8 | 13 | 8 |
| Missing | 10 | 12 | 19 | 22 | 13 | 17 |
| Education: | | | | | | |
| 8th grade or less | 10 | 19 | 12 | 14 | 6 | 0 |
| High school, incomplete (grades 9,10,11) | 25 | 24 | 30 | 26 | 39 | 42 |
| High school, complete (12th grade) | 40 | 36 | 36 | 48 | 32 | 33 |
| College, incomplete | 15 | 10 | 10 | 7 | 19 | 17 |
| College, complete | 10 | 11 | 12 | 4 | 3 | 8 |
| Missing | 0 | 0 | | | | |
| Occupation of Household Head: | | | | | | |
| Professional, managerial | 30 | 22 | 25 | 20 | 30 | 25 |
| Sales, clerical | 5 | 16 | 16 | 13 | 20 | 17 |
| Craftsmen, operatives | 50 | 38 | 43 | 37 | 37 | 42 |
| Laborers, service workers | 5 | 19 | 17 | 27 | 13 | 17 |
| Farm | 5 | 0 | 0 | 1 | 0 | 0 |
| Don't know, refused | | | | | | |
| Child(ren) under 6 years old: | | | | | | |
| Yes | 55 | 53 | 59 | 52 | 53 | 58 |
| N | (20) | (217) | (103) | (84) | (32) | (12) |

HEALTH HISTORY BY SEASON A VIEWING GROUPS

(Per Cent)

| Viewing Group | | N | Did you or anyone else in your household ever have . . . (Yes--Wave I) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | heart trouble? | high blood pressure (hyper-tension)? | hardening of the arteries? | tumor, cyst, or growth? | mental or emotional trouble? | cancer? | trouble with hearing? | trouble with seeing--even with glasses? | trouble with being very over-weight or very under-weight? | trouble due to too much drinking? | a lot of trouble with the teeth? |
| Induced Viewer (A) | High | 56 | 11 | 39 | 5 | 21 | 7 | 5 | 36 | 32 | 30 | 4 | 29 |
| | Low | 156 | 15 | 33 | 6 | 20 | 6 | 3 | 17 | 20 | 22 | 2 | 32 |
| Induced Non-Viewer (B) | Non-Viewer | 109 | 16 | 37 | 4 | 29 | 8 | 5 | 17 | 39 | 31 | 3 | 41 |
| Non-Induced Non-Viewer (C) | Non-Viewer | 65 | 14 | 43 | 11 | 28 | 11 | 8 | 18 | 28 | 34 | 0 | 43 |

HEALTH INTEREST BY SEASON A VIEWING GROUPS (WAVE I)

(Per Cent)

| Viewing Group | | N | Read newspaper items about health (Frequently) | Read magazine columns or articles about health or medicine in last month (Yes) | Watch doctor series on TV (Regularly) | Watch TV documentary or specials on health (Most of the time) | Not enough stories, articles, radio and TV programs about health | Have books or pamphlets on adult sickness | Have books or pamphlets on child sickness | Leaflet about health giver to you (Usually read it) | Discuss health matters with friends (Often) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Induced Viewer (A) | High | 56 | 46 | 68 | 71 | 57 | 84 | 48 | 20 | 88 | 64 |
| | Low | 156 | 40 | 65 | 65 | 47 | 86 | 47 | 24 | 81 | 54 |
| Induced Non-Viewer (B) | Non-Viewer | 109 | 46 | 62 | 48 | 34 | 75 | 52 | 28 | 81 | 53 |
| Non-Induced Non-Viewer (C) | Non-Viewer | 65 | 43 | 60 | 49 | 26 | 69 | 46 | 28 | 83 | 54 |

HEALTH HISTORY BY SEASON B PROGRAMS VIEWING GROUPS

(Per Cent)

| Viewing Group | (Program) | | N | Did you or anyone else in your household ever have . . . (Yes--Wave I) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | heart trouble? | high blood pressure (hyper-tension)? | hardening of the arteries? | tumor, cyst, or growth? | mental or emotional trouble? | cancer? | trouble with hearing? | trouble with seeing--even with glasses? | trouble with being very over-weight or very under-weight? | trouble due to too much drinking? | a lot of trouble with the teeth? |
| Induced Viewer (A) | #2 | Viewed | 67 | 15 | 31 | 10 | 19 | 5 | 2 | 28 | 27 | 25 | 6 | 25 |
| | | Non-Viewer | 145 | 14 | 36 | 4 | 21 | 8 | 4 | 19 | 21 | 23 | 1 | 34 |
| | #3 | Viewed | 43 | 14 | 40 | 9 | 30 | 12 | 2 | 30 | 35 | 28 | 2 | 30 |
| | | Non-Viewer | 169 | 14 | 33 | 5 | 18 | 5 | 4 | 20 | 20 | 23 | 2 | 31 |
| | #4 | Viewed | 42 | 12 | 31 | 2 | 21 | 7 | 5 | 24 | 31 | 38 | 2 | 38 |
| | | Non-Viewer | 170 | 15 | 35 | 7 | 20 | 7 | 3 | 21 | 21 | 21 | 2 | 29 |
| | #5 | Viewed | 83 | 15 | 27 | 7 | 22 | 7 | 2 | 25 | 27 | 22 | 4 | 29 |
| | | Non-Viewer | 129 | 14 | 40 | 5 | 19 | 6 | 4 | 19 | 21 | 26 | 2 | 33 |
| | #6 | Viewed | 58 | 12 | 40 | 7 | 17 | 10 | 2 | 24 | 24 | 24 | 3 | 29 |
| | | Non-Viewer | 154 | 15 | 33 | 6 | 21 | 5 | 4 | 21 | 23 | 24 | 2 | 32 |
| | #7 | Viewed | 18 | 28 | 28 | 6 | 17 | 6 | 0 | 22 | 22 | 28 | 6 | 33 |
| | | Non-Viewer | 194 | 13 | 35 | 6 | 21 | 7 | 4 | 22 | 23 | 24 | 2 | 31 |
| Induced Non-Viewer (B) | | Uncertain Viewer | 28 | 14 | 39 | 4 | 36 | 7 | 7 | 21 | 36 | 21 | 7 | 46 |
| | | Non-Viewer | 84 | 16 | 36 | 4 | 27 | 8 | 4 | 14 | 38 | 36 | 1 | 39 |
| Non-Induced Non-Viewer (C) | | Uncertain Viewer | 10 | 20 | 20 | 0 | 20 | 0 | 10 | 20 | 20 | 20 | 0 | 20 |
| | | Non-Viewer | 66 | 14 | 44 | 11 | 27 | 11 | 8 | 17 | 24 | 32 | 0 | 42 |

RECENT HEALTH PROBLEMS BY SEASON B PROGRAM VIEWING GROUPS

(Per Cent)

| Viewing Group | (Program) | | N | Over the last six months have you or anyone else in your household . . . (Yes--Wave IV) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | heart trouble? | high blood pressure (hyper-tension)? | hardening of the arteries? | tumor, cyst, or growth? | mental or emotional trouble? | cancer? | trouble with hearing? | trouble with seeing--even with glasses? | trouble with being very over-weight or very under-weight? | trouble due to too much drinking? | a lot of trouble with the teeth? |
| Induced Viewer (A) | #2 | Viewed | 78 | 8 | 19 | 6 | 9 | 6 | 1 | 19 | 15 | 31 | 5 | 23 |
| | | Non-Viewer | 159 | 10 | 30 | 4 | 5 | 10 | 2 | 18 | 21 | 34 | 4 | 31 |
| | #3 | Viewed | 48 | 6 | 35 | 8 | 8 | 17 | 2 | 29 | 23 | 31 | 6 | 25 |
| | | Non-Viewer | 189 | 10 | 24 | 4 | 6 | 7 | 2 | 15 | 19 | 33 | 4 | 29 |
| | #4 | Viewed | 50 | 4 | 22 | 4 | 4 | 12 | 0 | 28 | 20 | 40 | 4 | 20 |
| | | Non-Viewer | 187 | 11 | 28 | 5 | 7 | 8 | 2 | 16 | 19 | 31 | 5 | 31 |
| | #5 | Viewed | 91 | 11 | 21 | 6 | 7 | 10 | 2 | 22 | 19 | 30 | 7 | 25 |
| | | Non-Viewer | 146 | 8 | 30 | 5 | 6 | 8 | 1 | 16 | 20 | 35 | 3 | 30 |
| | #6 | Viewed | 63 | 6 | 33 | 6 | 6 | 8 | 2 | 21 | 13 | 37 | 6 | 33 |
| | | Non-Viewer | 174 | 10 | 24 | 5 | 6 | 9 | 2 | 17 | 22 | 32 | 4 | 26 |
| | #7 | Viewed | 20 | 10 | 25 | 5 | 15 | 15 | 0 | 15 | 25 | 20 | 0 | 30 |
| | | Non-Viewer | 217 | 9 | 27 | 5 | 6 | 8 | 2 | 18 | 19 | 34 | 5 | 28 |
| Induced Non-Viewer (B) | | Uncertain Viewer | 32 | 6 | 31 | 6 | 9 | 13 | 3 | 25 | 19 | 34 | 6 | 22 |
| | | Non-Viewer | 103 | 6 | 26 | 3 | 9 | 10 | 3 | 12 | 24 | 42 | 7 | 38 |
| Non-Induced Non-Viewer (C) | | Uncertain Viewer | 12 | 8 | 25 | 17 | 0 | 17 | 0 | 17 | 17 | 42 | 0 | 17 |
| | | Non-Viewer | 84 | 7 | 27 | 10 | 10 | 16 | 2 | 8 | 27 | 33 | 4 | 31 |

## HEALTH INTEREST BY SEASON B PROGRAM VIEWING GROUPS (WAVE I)

(Per Cent)

| Viewing Group | (Program) | | N | Read newspaper items about health (Frequently) | Read magazine columns or articles about health or medicine in last month (Yes) | Watch doctor series on TV (Regularly) | Watch TV documentary or specials on health (Most of the time) | Not enough stories, articles, radio and TV programs about health | Have books or pamphlets on adult sickness | Have books or pamphlets on child sickness | Leaflet about health giver to you (Usually read it) | Discuss health matters with friends (Often) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Induced Viewer (A) | #2 | Viewed | 67 | 48 | 75 | 52 | 49 | 3 | 54 | 49 | 82 | 60 |
| | | Non-Viewer | 145 | 39 | 62 | 73 | 46 | 0 | 44 | 40 | 83 | 56 |
| | #3 | Viewed | 43 | 44 | 67 | 58 | 49 | 0 | 54 | 42 | 67 | 65 |
| | | Non-Viewer | 169 | 41 | 66 | 69 | 46 | 1 | 46 | 42 | 86 | 55 |
| | #4 | Viewed | 42 | 43 | 64 | 55 | 48 | 0 | 52 | 57 | 76 | 52 |
| | | Non-Viewer | 170 | 41 | 67 | 69 | 47 | 1 | 46 | 39 | 84 | 58 |
| | #5 | Viewed | 83 | 48 | 69 | 59 | 47 | 1 | 49 | 44 | 88 | 54 |
| | | Non-Viewer | 129 | 37 | 64 | 71 | 47 | 1 | 46 | 41 | 79 | 59 |
| | #6 | Viewed | 58 | 41 | 76 | 60 | 48 | 0 | 50 | 47 | 83 | 67 |
| | | Non-Viewer | 154 | 42 | 62 | 69 | 46 | 1 | 46 | 40 | 83 | 53 |
| | #7 | Viewed | 18 | 67 | 61 | 50 | 61 | 0 | 78 | 55 | 89 | 61 |
| | | Non-Viewer | 194 | 39 | 67 | 68 | 45 | 1 | 44 | 41 | 82 | 57 |
| Induced Non-Viewer (B) | | Uncertain Viewer | 28 | 71 | 68 | 61 | 57 | 4 | 57 | 40 | 100 | 50 |
| | | Non-Viewer | 84 | 38 | 60 | 45 | 29 | 1 | 51 | 53 | 75 | 55 |
| Non-Induced Non-Viewer (C) | | Uncertain Viewer | 10 | 60 | 90 | 60 | 60 | 0 | 90 | 83 | 80 | 80 |
| | | Non-Viewer | 66 | 41 | 58 | 49 | 26 | 3 | 46 | 56 | 83 | 49 |

HEALTH HISTORY BY OVERALL VIEWING GROUPS (WAVE I)

(Per Cent)

| Viewing Group | | N | Did you or anyone else in your household ever have . . . (Yes--Wave I) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | heart trouble? | high blood pressure (hypertension)? | hardening of the arteries? | tumor, cyst, or growth? | mental or emotional trouble? | cancer? | trouble with hearing? | trouble with seeing--even with glasses? | trouble with being very overweight or very underweight? | trouble due to too much drinking? | a lot of trouble with the teeth? |
| Induced Viewer (A) | High | 66 | 17 | 39 | 9 | 21 | 8 | 3 | 32 | 32 | 29 | 5 | 29 |
| | Low | 146 | 13 | 32 | 5 | 20 | 6 | 3 | 17 | 19 | 22 | 1 | 32 |
| Induced Non-Viewer (B) | Non-Viewer | 81 | 16 | 37 | 4 | 27 | 9 | 4 | 15 | 40 | 35 | 1 | 40 |
| Non-Induced Non-Viewer (C) | Non-Viewer | 60 | 13 | 45 | 12 | 28 | 12 | 8 | 17 | 27 | 33 | 0 | 45 |

HEALTH INTEREST BY OVERALL VIEWING GROUPS (WAVE I)

(Per Cent)

| Viewing Group | | N | Read newspaper items about health (Frequently) | Read magazine columns or articles about health or medicine in last month (Yes) | Watch doctor series on TV (Regularly) | Watch TV documentary or specials on health (Most of the time) | Not enough stories, articles, radio and TV programs about health | Have books or pamphlets on adult sickness | Have books or pamphlets on child sickness | Leaflet about health giver to you (Usually read it) | Discuss health matters with friends (Often) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Induced Viewer (A) | High | 66 | 44 | 68 | 65 | 47 | 0* | 50 | 21 | 83 | 62 |
| | Low | 146 | 40 | 65 | 67 | 47 | 1 | 46 | 23 | 82 | 55 |
| Induced Non-Viewer (B) | Non-Viewer | 81 | 38 | 59 | 44 | 26 | 1 | 49 | 31 | 74 | 53 |
| Non-Induced Non-Viewer (C) | Non-Viewer | 60 | 42 | 58 | 48 | 23 | 2 | 42 | 27 | 83 | 52 |

# APPENDIX D

## Knowledge Items

## WAVE II KNOWLEDGE ITEMS
## (Season A Programs 1, 2, 3)

---

We're interested in seeing how much people remember about the TV shows they watch.

12. In the Feeling Good program, is Mac's place . . .

a doctor's office . . . . . . . . . 1

a place where you can get something to eat, or . . . . 2

a store for men's clothing and shoes? . . . . . . . . . . 3

Don't know . . . . . . . . . . . 7

13. In the first program, Mac went to the doctor after he hurt his back. How long had it been since he had seen a doctor before that? Was it . . .

less than a year ago . . . . . . . . . . . . . 1

between a year and less than 3 years ago . . 2

between 3 and less than 5 years ago . . . . 3

between 5 and 10 years ago, or . . . . . . . 4

longer than that? . . . . . . . . . . . . . . 5

Don't know . . . . . . . . . . . . . . . . . . 7

Didn't see first program . . . . . . . . . . 8

---

14. In the second show, Melba, the dancer and her husband, Jason, a doctor, have an argument. Was the argument about . . .

how to spend their money or . 1

spending the evening of their anniversary together, or . . 2

about what kind of furniture to buy for their apartment? . 3

Don't know . . . . . . . . . . . 7

Didn't see second program . . . 8

---

15. In the third show, Hank keeps coming in to Mac's Place, completely exhausted. Is he exhausted because he . . .

started to do too much exercise too fast, . . . . . . . . . . . . . . 1

didn't sleep well the night before, or . . . . . . . . . . . . 2

because he heard very upsetting news about someone he loved? . . . 3

Don't know . . . . . . . . . . . . . . 7

Didn't see third program . . . . . . . 8

# WAVE III KNOWLEDGE ITEMS
(Season A Programs 4, 5, 6, 7)

We know that when we watch television, some things remain with us more than others, and each one of us remembers different things. I'm going to mention some things that were shown on the Feeling Good programs and ask you a few questions.

16. In one of the Feeling Good shows, a man is shown on death row being served his last meal. As you remember it, was the food he ordered . . .

a balanced meal, or . . . . . . . . . . . 1
high in saturated fat and cholesterol, or . . . . . . . . . . . 2
bread and water only? . . . . . . . . . 3
DIDN'T SEE THAT SHOW. . . . . . 4
DON'T REMEMBER. . . . . . . . . 7

---

17. In another show, the waitress' little boy, Felipe, spends the morning with her in Mac's place. At one point in the show, he goes into the back room and rummages around. Later he gets sick and everyone worries about what he might have eaten and he is taken to the doctor. As you remember it, did the doctor say . . .

that Felipe ate too much, or. . . . . 1
that he had swallowed poison, or. . . 2
that he was allergic to chocolate?. . 3
DIDN'T SEE THAT SHOW. . . . . . 4
DON'T REMEMBER. . . . . . . . . 7

18. In the Christmas show of Feeling Good, the older woman, Mrs. Stebbins, who is a regular customer in Mac's Place is . . .

happy because she bought a new dress, or . . . . . . . . . . . . . . 1
sad because someone in her family recently died, or . . . . . 2
is lonely and sad because she doesn't have her family near her at Christmas time?. . . . . . . . . 3
DIDN'T SEE THAT SHOW. . . . . . 4
DON'T REMEMBER. . . . . . . . . 7

---

19. On the New Year's Day show of Feeling Good, Mac's brother Charlie comes to visit Mac in Mac's Place. Did he come because . . .

he had a late Christmas present to give to Mac, or . . . . . . . . . 1
he had spent all his money on liquor and needed more money, or. . 2
because he wanted to help Mac clean the store?. . . . . . . . . . 3
DIDN'T SEE THAT SHOW. . . . . . 4
DON'T REMEMBER. . . . . . . . . 7

## WAVE III KNOWLEDGE ITEMS
(Season A Programs 8, 9, 10, 11)

20. In one of the Feeling Good shows, Mac is talked into buying something. As you remember it, was he talked into buying . . .

shares on the stock market, or . . . 1
some land in Florida, or . . . . . . 2
a new car? . . . . . . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . 4
DON'T REMEMBER . . . . . . . . . 7

---

21. In one of the Feeling Good shows, Melba, the dancer, has an appointment with an insurance man to find out about health insurance. As you remember it, does she . . .

buy the health insurance right away from the insurance man, or . . . . . . . . . . . . 1
decide to shop around to see what different policies offer before she makes up her mind her mind, or . . . . . . . . . . . . . . . . . 2
does she decide it isn't necessary to have a health insurance policy? . . . . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . . . . . . 4
DON'T REMEMBER . . . . . . . . . . . . . . 7

22. In one of the shows, Felipe, the waitress's little boy, was being prepared for something. Was it for . . .

a trip to his grandmother's . . . 1
his first day in school, or . . . 2
going to the hospital to have his tonsils removed? . . 3

---

23. In the last show, Jason, the doctor, and his wife, Melba, convince Melba's cousin to train for a job. Is the job . . .

in a school . . . . . . . . . . . 1
in a hospital, or . . . . . . . . 2
in the theatre? . . . . . . . . . 3

---

## WAVE IV KNOWLEDGE ITEMS
## (Season B Programs 2, 3, 4)

32. Now I'm going to mention some things that were shown on recent Feeling Good programs and ask you a few questions about them.

In one Feeling Good show, a woman is searching for something in her house and it very angry because she can't find it. As you remember it, was she searching for . . .

| | |
|---|---|
| a box of bandaids, . . . . . . . . . . . | 1 |
| a packgage of chicken parts, or . . . . | 2 |
| a telephone directory? . . . . . . . . . | 3 |
| DIDN'T SEE THAT SHOW . . . . . . . . . . | 4 |
| DON'T REMEMBER . . . . . . . . . . . . . | 7 |

---

33. In another show, Dick Cavett is served a meal by a French waiter. As you remember it, was the meal . . .

| | |
|---|---|
| very high in saturated fat and cholesterol . . . . . . . . . . . . . . | 1 |
| very low in saturated fat and cholesterol, or . . . . . . . . . . . . | 2 |
| just a bunch of vitamin pills on a tray? . . . . . . . . . . . . . . . . | 3 |
| DIDN'T SEE THAT SHOW . . . . . . . . . . | 4 |
| DON'T REMEMBER . . . . . . . . . . . . . | 7 |

---

34. One of the Feeling Good shows begins with Dick Cavett in a museum. As you remember it, was the museum . . .

| | |
|---|---|
| an art museum . . . . . . . . . . . . . . | 1 |
| a science museum, or . . . . . . . . . . | 2 |
| a medical museum? . . . . . . . . . . . . | 3 |
| DIDN'T SEE THAT SHOW . . . . . . . . . . | 4 |
| DON'T REMEMBER . . . . . . . . . . . . . | 7 |

## WAVE IV KNOWLEDGE ITEMS
(Season B Programs 5, 7, 6)

35. In another show, a woman talks about how she was afraid that her operation would stop her from playing her musical instrument. As you remember it, was her instrument . . .

a piano, . . . . . . . 1
a harp, or . . . . . . 2
a violin? . . . . . . . 3
DIDN'T SEE THAT SHOW. 4
DON'T REMEMBER . . . 7

---

36. In one episode of Feeling Good, Dick Cavett is sitting in a doctor's waiting room. As you remember it, what is he doing while he's waiting? Is he . . .

reading a magazine, . . . . . . . . . . . 1
doing a crossword puzzle, or . . . . . . 2
talking to another patient? . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . . . . . . 4
DON'T REMEMBER . . . . . . . . . . . . . . 7

---

37. In another show, Dick Cavett says that every human being is like a giant ball. As you remember it, what kind of a ball was he talking about . . .

a rubber ball, . . . . . . . . . . 1
a football, or . . . . . . . . . . 2
a pinball? . . . . . . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . . . 4
DON'T REMEMBER . . . . . . . . . . . 7

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# APPENDIX E

## Questionnaires, Interviewer Specifications and Sampling Instructions

## Field Activities

Tue., 4/1
April FEELING GOOD calendars sent to all induced viewers [Mary Greene]

Fri., 4/4
Letter from Ed Meyers to all induced viewers, sent via air mail from Chicago [NORC - Chicago]

Tue., 4/8
April PRIME TIME sent to all induced viewers [Mary Greene]

Thu., 4/10 (1:00pm) - Sun., 4/13 (9:30pm)
Telephone prompt to the 36% induced viewers known to have poor viewing habits via WAVE III questionnaire [NORC Dallas field staff]

Wed., 4/16
Send postcard reminders about show # 3 [Mary Greene]

Wed., 4/23
Send postcard reminders about show # 4 [Mary Greene]

Tue., 4/29
May PRIME TIME to be sent to all induced viewers [Mary Greene]

Thu., 5/1 (1:00pm) - Sun., 5/4 (9:30pm)
Brief telephone interview of all induced respondents in order to: (1) determine which of the shows were watched and when; (2) remind respondents to watch show #5; and (3) plead for cooperation among those with poor viewing record in April [NORC Dallas field staff]

Wed., 5/7
Send postcard reminders about show # 6 [Mary Greene]

Wed., 5/14
Send postcard reminders about show # 7 [Mary Greene]

Thu., 5/22 (1:00pm) - 6/16
Telephone interview all respondents using the posttest questionnaire, giving highest priority to early completions of induced viewers [NORC Dallas field staff]

Late June
(DO NOT INFORM RESPONDENTS) Issue money orders to [A] induced viewers at $5 per show watched, with payments ranging from $0 to $30 and [B] all induced non-viewers

## Unresolved Issues

(1) The original proposal from NORC to CTW called for providing token gifts to induced respondents in order to promote good will for the organizations concerned. Is this still seen as desirable? Given that not all respondents have small children, a Big Bird poster would hardly be appropriate. What would be proper to send?

(2) Photographs of stars will be included on the postcard reminders to induced viewers. It is assumed that Pearl Bailey will be on show # 3 and Bill Cosby will be on # 7. We need to know who will appear on show # 4 and show # 6. Help, please!

## Key People

Burich, Ms. Mary C. [Project Manager], NORC, 6030 S. Ellis Ave., Chicago, Ill. 60637
(312) 753-1346

Greene, Ms. Mary [CTW Southwest Region Community Education Service], 2706 Carlisle Street, Dallas, Texas 75204
(214) 744-2131

Mielke, Keith W. [Chairman, FEELING GOOD Research Advisory Committee], Department of Radio/TV Communications, Indiana University, Bloomington, Indiana 47401
(812) 337-3419

Meyers, Edmund D., Jr. [Senior Study Director], NORC, 6030 S. Ellis Ave., Chicago, Ill. 60637
(312) 753-1575 & -1576

O'Neal, Ms. Judy [assistant supervisor for Dallas Health Survey, NORC], 13847 Waterfall Place, Dallas, Texas 75240
(214) 231-4427

Palmer, Edward L. [CTW, Vice President, Research], Children's Television Workshop, 1 Lincoln Plaza, New York, N.Y. 10023
(212) 595-3456

Proulx, Ms. Patricia [supervisor for Dallas Health Survey, NORC], 3040 Primrose Lane, Dallas, Texas 75234
(214) 620-2485

Swinehart, James [FEELING GOOD, Director of Research], Children's Television Workshop, 1 Lincoln Plaza, New York, N.Y. 10023
(212) 595-3456

Weiss, Ms. Pepper [KERA-TV, Director of Instructional Services], KERA, Public Communication Foundation for North Dallas, 3000 Harry Hines Boulevard, Dallas, Texas 75201
(214) 744-1300

Wells, Mr. Barry [KERA-TV, Vice President], KERA, Public Communication Foundation for North Texas, 3000 Harry Hines Boulevard, Dallas, Texas 75201
(214) 744-1300

## Tentative POSTTEST Schedule

### Field Department

| | |
|---|---|
| Questionnaire development | April 25 - May 1 |
| Telecopy to Eastern Office | May 2 |
| Pretest instrument in New York | May 3 - 5 |
| Telecopy to Chicago | May 6 |
| Revisions to questionnaire | May 7 - 9 |
| Typing, columning, proofing, QxQ specifications, etc. | May 12 - 13 |
| Administrative specifications | May 7 - 8 |
| Printing | May 14 - 15 |
| Assign & mail to field | May 16 |
| Field Period | May 22 - June 16 |
| Field materials returned to Chicago | June 20 |

### Data Processing Department

| | |
|---|---|
| Codebook preparation | May 16 - 23 |
| Coding of completed questionnaires | June 2 - 30 |
| Keypunching | June 10 - July 4 |
| Cleaning | June 30 - July 7 |
| Marginals from clean data | July 9 |

NORC-4208
10/74

National Opinion Research Center
University of Chicago

# ADMINISTRATIVE SPECIFICATIONS

# DALLAS HEALTH SURVEY

WAVE I: Oct. 25 - Nov. 19, 1974

## GENERAL

**ABOUT THIS SURVEY**

This survey is an attempt to measure the influence of an N.E.T. (National Educational Television) program about health called "Feeling Good." It will take place in the Oak Cliff community in Dallas, Texas, between October 1974 and June 1975 and will include six Waves of interviewing.

The study is being sponsored by several foundations including the Robert Wood Foundation, the Exxon Corporation, and the Aetna Life and Casualty Company. Also, a substantial contribution has been made by the Corporation for Public Broadcasting.

As part of the survey, we are asking the largest group of our respondents to watch the program, "Feeling Good" for 26 weeks beginning in November,1974. We will pay this main sample $50 for watching the program and will interview them up to a total of six times between the end of October, 1974 and June, 1975. In addition to the main sample, we will interview two other samples known as the control group. Some of these respondents will be paid $20, others, nothing. We will not mention either N.E.T. or "Feeling Good" to the control group, but will simply ask them some questions about health at several points in time between Oct. 1974 and June 1975.

**ABOUT "FEELING GOOD"**

The "Feeling Good" program on N.E.T. is a new concept in educational T.V. Designed by the award-winning creators of "Sesame Street" and "The Electric Company," this new program is aimed at an adult audience. Its goal is to communicate to the viewer how to maintain good health and prevent disease, how to recognize certain diseases, and how to cope with illness when it occurs. In order to retain the interest of its audience, "Feeling Good" will have a stimulating format of skits, cartoons, songs and dances, with a regular cast of characters plus special guests such as Peter Falk (Columbo), Howard Cosell and Bill Cosby. A great deal of thought and research has gone into the design of the program, and it promises to be entertaining as well as instructive to its audience.

"Feeling Good" will be shown in Dallas on Channel 13, (KERA), the N.E.T. station in the area. It will be aired at 7:00 P.M. on Wednesday evenings beginning on November 20, 1974, and will be repeated on Sunday evenings at 10:30 P.M.

## THE SAMPLE

**THE RESPONDENT**

Because one of the major goals of "Feeling Good" is the improvement of the health care of children, we have made special requirements for our respondents:

1. They must all be the female head of household.
2. At least half of them must have a child in the household under age 6.

Who is the female head of household?

1. Usually, she is the wife of the head of the household

   OR

   she is a woman who is separated, divorced, or widowed, or who was never married.
2. She is the mother of the children in the home, if there are any.
3. She is responsible for the health care of the family. She sees to it that family members go to the doctor when they are sick, that the children get their eyes checked, get their vaccinations, etc.; and she supervises their diet.

You may encounter a situation in which the grandmother takes care of the children during the day while their mother works. It is the mother that we want to interview, not the grandmother. In this case, grandmother is helping out, but the true responsibility for the children belongs to their mother.

The only times you might wish to consider the grandmother the female head of the household and interview her would be situations where

a) Grandmother is also the mother of a child under 6 in the household,

OR

b) the mother of the child under six is herself a child--i.e., under age 16--and all the family responsibility falls upon the grandmother with whom the mother and child live.

If you have any doubts about selecting a respondent in a household in which both the mother and the grandmother live, call your supervisor before proceeding with the interview.

**WAVE I**

The first contact with respondents at Wave I will be through a block quota sample. Our three main groups of respondents will be:

SAMPLE I - MAIN SAMPLE: Paid Viewers. We will (1) ask them to watch "Feeling Good"; (2) interview them from time to time between October, 1974 and June 1975;(3) promise payment of $50.00

SAMPLE II - CONTROL SAMPLE: Paid Non-Viewers. We will (1) interview these people from time to time; (2) promise payment of $20.00.

SAMPLE III - CONTROL SAMPLE: Non-Viewers - No Payment. We will (1) interview at the beginning and end of the study.

Each interviewer will receive several assignment sheets requiring 5 or 6 interviews. On each assignment, the sample will be clearly indicated and you will receive a different screener for each sample. By following the directions on the screener, you will complete your assignment without difficulty.

**NOTE: SPECIAL GROUPS.**

In Sample I and Sample II, there are two small groups of four assignments each with special instructions stamped at the top of the assignment sheet.

SAMPLE I - SPECIAL GROUP: These people will be asked to watch the program "Feeling Good," will be promised payment, but will not be administered a questionnaire at Wave I. They will be interviewed only at the end of the study in June, 1975.

SAMPLE II-SPECIAL GROUP: They will not be asked to watch "Feeling Good." As with all Sample II people, neither the program nor N.E.T. will be mentioned. We will simply promise these respondents the $20.00 if they agree to submit to an interview in June.

There are also special screeners for these two groups to help you follow instructions properly.

**QUOTAS**

For all samples, you will be required as part of your assignment to interview a minimum number of women with at least one child under age 6 in the home. We encourage you to obtain as many such respondents as possible in filling your quota of 5 or 6 respondents, but you must **obtain at least the minimum** required.

**WHEN TO INTERVIEW**

For the initial block quota sample, interviewing is to be conducted after 3:00 P.M. week days and on weekends to assure maximum availability of respondents.

**FIELD PERIOD FOR WAVE I**

As noted below, the field period for Wave I begins October 25, 1974 and ends November 19, 1974.

NORC experience shows that the weekend is the best time to get started, so we are planning to give everyone one assignment for the first weekend and are asking you to report to Pat Prouex and Judy O'Neal in person on Tuesday, October 29. Thereafter, Pat will ask you to call her on a regular basis.

**FUTURE INTERVIEWS**

After the initial interview, future interviews will be done by phone whenever possible. The interviewer will be given the name, address, and phone number of his respondents. At this point, our sample becomes a "list" sample. That is, we must interview only the specific people whose names are selected.

The dates for all six waves of interviews are as follows:

| | | |
|---|---|---|
| Wave I | 10/25 - 11/19/74 | 30 minutes |
| Wave II | 12/07 - 12/20/74 | 15 minutes |
| Wave III | 01/18 - 01/31/75 | 15 minutes |
| Wave IV | 03/01 - 03/14/75 | 15 minutes |
| Wave V | 04/12 - 04/25/75 | 15 minutes |
| Wave VI | 05/15 - 06/09/75 | 30 minutes |

Respondents for Waves II through V will be selected after the Wave I interviews have been returned to Chicago. All respondents in all three samples will be interviewed for the final wave.

## ASSIGNMENT SHEETS

For the first wave, each assignment sheet will indicate:

a) the sample;
b) the segment, that is, a group of blocks;
c) the starting point--always Block 1;
d) the minimum number of respondents required with at least one child under age 6 in the household.
e) the quota for the assignment--that is the total number of interviews required. It will be either 5 or 6.
f) special instructions.

Accompanying each assignment sheet is a map outlining the blocks included in the segment. The blocks will be numbered 1, 2, 3, etc.

Always begin the northwest corner of block #1, indicated by an X, and proceed to the right as shown by the arrow in block #1. The block sampling instructions for contacting all dwelling units, listing the results of each contact, etc. give detailed instructions for procedures for a block sample. Follow these instructions exactly and fill out the record of all contacts accordingly. See supplement for examples of an assignment sheet and block sample listing sheet.

If, by chance, you are unable to complete the assignment after having contacted all the dwelling units in the segment, return to the beginning of block #1 and make a second contact where no one was home or where a potential respondent was unavailable earlier. If, after having made second contacts, you are still unable to complete your assignment or fulfill the minimum quota of women with at least one child under age 6, call your supervisor for further instructions.

## ANSWERING THE RESPONDENT'S QUESTIONS

### QUESTIONS ABOUT HEALTH

In order to preserve the validity of the data collection, you must take great pains not to influence the results of the study by offering health information to any respondent regardless of the situation encountered. This may seem rather hard-hearted, but in order to measure the influence of the TV program, "Feeling Good," interviewers cannot themselves offer health information which may be part of the television presentation. If someone is seriously ill and asks your advice, you might suggest that he see a doctor, but do not suggest where he might find any health care. Tell him you are not trained to give such advice yourself.

### THE CONTROL SAMPLES, II & III

Similarly, in dealing with the control samples, which will not be required to watch "Feeling Good," always be very careful not to mention either the TV program or N.E.T. in any way. Again, you must not offer any health information to these people either.

If the control respondent should ask for the names of sponsoring agencies of the survey, you can answer: "This survey is being sponsored by several nonprofit foundations such as the Robert Wood Foundation, the Exxon Corporation and Aetna Life Insurance Company." Do not mention PBS or N.E.T.

If he should ask why there are questions about television, just mention that television is one of many ways that people get information today--just as they do from newspapers and magazines.

If a respondent wants to know what will be done with the results of this study, you might tell him the following: The answers you give will be used to help find the best ways to communicate health information to individuals who are responsible for the health care of their families.

**ALL RESPONDENTS**

For all respondents who are curious about NORC, explain that the National Opinion Research Center is a not-for-profit organization that does survey research in the social sciences. It is affiliated with the University of Chicago. Always carry "about NORC" brochures to give to respondents and have your ID card handy to verify your status as an NORC interviewer.

It is a good idea to have your picture laminated to your ID--usually on the back. A suitable picture can often be obtained at a nearby drugstore or variety store such as Woolworth's.

## INSTRUCTIONS FOR EACH SAMPLE

**SAMPLE I PAID VIEWERS**

All of the respondents in this sample will be asked to watch the N.E.T. program "Feeling Good" for all 26 weeks beginning November 20, 1974.

The program will be shown on Wednesday evenings at 7:00 PM and again on Sunday nights at 10:30 PM. We are paying these people $50.00 to watch the show and to submit to several interviews between October, 1974 and June 1975. Payment will occur twice: $20 in January, and $30 at the end of the study in June.

Before a respondent can be considered part of your quota of completed cases, she must agree to watch the program and to be interviewed. If you follow the instructions on the screener for Sample I, you will obtain this agreement from her before beginning the interview itself. It is a good idea to ask the respondent to sign the agreement before beginning the questionnaire. However, if she should hesitate or is suspicious of you or thinks that you are trying to sell her something, you might suggest that she try the interview and then she can see that you are truly not trying to sell something, and that her signature does not mean a financial commitment for her, that it only means that she will watch the program and talk to our interviewers. Be sure to leave a copy of the agreement with the respondent.

Some respondent will probably ask you how many times they will be interviewed between October and June, 1975. Tell them that you do not know exactly how many times each person will be interviewed, but that some people will be contacted up to five more times, others, just once or twice. Remind the respondent that future contacts will be by phone if she has one and that they will be very short, probably around 15 minutes each.

As mentioned earlier, there is a special group of respondents in Sample I who will be interviewed only once at the end of the study. However, at the time of Wave I, we will still contact these people and ask them to watch the program "Feeling Good," and sign the agreement. They, too, will be paid for watching the program and agreeing to be interviewed in June.

The assignment sheets for this part of the sample will be stamped INDUCE ONLY. That means that all the respondents you are to contact to fill the quotas for these assignments will only be asked to sign the agreement, they will not be asked any questions from the questionnaires. We have made a special screener for these people marked "SAMPLE I: SPECIAL GROUP - "INDUCE ONLY" so that you will not be confused by these special instructions. Just follow the screener and you will complete your assignment properly. (See example in supplement.) Again, be sure to leave a copy of the agreement with the respondent. As with all other assignments, you will be required to find a minimum number of women with at least one child under age 6. Of course, you can find more than that number to fill your total assigned quota of completed cases.

## THE CONTROL SAMPLES--SAMPLE II-SAMPLE III

We have two samples in this study that will serve as a control group. They will all be interviewed about health at several points during the study, but will not be asked to watch the TV program "Feeling Good"; hence, they are called "NON-VIEWERS." As noted earlier, you must be very careful not to influence this group by mentioning "Feeling Good," National Educational Television, Channel 13 in Dallas or the Public Broadcasting Corporation.

**SAMPLE II:
PAID
NON-VIEWERS**

A portion of the control group will be paid $20 for their interviews. These respondents are called SAMPLE II: PAID NON-VIEWERS. Following the instructions on the screener for this sample, you will ask the respondent to sign an agreement to participate in future interviews. Be sure that all the required information is filled in and that you both sign it. Leave a copy of the agreement with the respondent. It is best to take care of this before administering the questionnaire. However, if the R is suspicious, you may want to do the questionnaire first to alleviate her fears and gain her cooperation for future interviews. Payment to these people will be made in the amount of $5 in January and the remaining $15 at the end of the study.

There is a special group of Sample II respondents who will not be interviewed about health at Wave I, but will only be asked to agree to an interview in June, 1975. They do not have to sign an agreement at this time; we are simply contacting them for a June appointment. At that time they will be paid $20.

If you follow the directions on the screener for this group, (marked SAMPLE II, Special Group "VISIT ONLY") you will have no difficulty completing these assignments properly.

You will notice that the screener for these people has some additional questions on page 2. We want to get some locating information on these people so that we can contact them easily next June.

SAMPLE III
NON VIEWERS
NO PAYMENT

The other protion of the control group is called SAMPLE III - NON-VIEWERS, NO PAYMENT. These respondents will simply be interviewed about health, both now and in June, 1975. There are no special instructions for these people--just be very careful not to mention "Feeling Good," N.E.T. or PBS.

## EDITING YOUR OWN WORK

As soon as you have finished one interview, preferably before you do another one, take a few minutes to edit your work. If you used a pencil to record the interview, edit in ink and vice versa. Check to be sure that all codes are clearly circled, that your verbatim responses are legible--expand any unusual abbreviations, etc. Be sure that you have asked every question that applies to your respondent. If you have missed something factual, you may call your respondent again to obtain the missing information. However, if you forget to ask an opinion question, you may not go back to the respondent. Opinion questions cannot be asked out of their original context. Editing of this questionnaire should take no longer than 10 minutes.

## REPORTING TO YOUR SUPERVISOR

Everyone will be asked to report to Pat Proulx and Judy O'Neal on Tuesday. October 29. We expect you to have completed your first assignment by that time and to bring your completed work to Pat and Judy. After that, you will be told when to report.

Always mail your completed assignments to Pat Proulx. Her address is 3040 Primrose Lane, Dallas 15234. Her business phone number is 620-2485. Call her immediately if you have any problems with your assignments or any questions about the questionnaire.

Be sure to include with your completed assignments, the assignment sheet, the screeners and agreements for each case. Put all the materials for one case inside the cover of the questionnaire and include your T & Es covering the work. DO NOT HOLD MATERIALS. As soon as you have completed all the cases required by one assignment sheet (one segment) mail them immediately to Pat.

R = Respondent
Q = Question
ans = answer
DK = Don't know
hh = household
info = information

4208
10/74

OFFICE USE ONLY

**BEGIN DECK 1**

CASE #: ☐☐☐☐☐ 1-5

6/1

7/1

NATIONA[illegible]NION RESEARCH CENTER
Un[illegible]sity of Chicago

DALLAS HEALTH SURVEY

Question by Question Spex

RESPONDENT'S NAME: ______________________ (8-32)

ADDRESS: ______________________ (33-57)

Dallas, Texas ______________ ZIP CODE 58-62/

Don't explain any of the terms used in this questionnaire - ever!

② Another clue — when the categories below the initial text for the q. are in small letters (Q.1), read all the categories until you reach the question mark.

BEGIN DECK 2

① When you see this, continue with the reading of the code categories.

The first question is --,

1. In general, how often do you watch TV on weekdays -- would you say . . .

nearly every day, . . . . . . . 1 8/
2 or 3 times a week,. . . . . 2
once a week, ~~or~~ . . . . . . . 3
less often than that? . . . . 4

DON'T KNOW. . . . . 7

---

2. About how many hours altogether do you usually watch TV during the week -- not including Saturday and Sunday?

1. When categories are in capital letters, do not read them.
2. If R gives an ans. that is on the border, as "6 hours", probe with "Is that less than 6 or more than 6?," before circling the appropriate code.

UNDER 4 HOURS . . . . . . . . . 1 9/
4 LESS THAN 6 HOURS . . . . . 2
6 LESS THAN 10. . . . . . . . . 3
10 LESS THAN 15 . . . . . . . . 4
15 LESS THAN 20 . . . . . . . . 5
20 OR MORE HOURS. . . . . . . 6
DON'T KNOW. . . . . . . . . . 7

---

3. Do you ever watch television at any time between 8 p.m. and midnight on Sundays?

In all qs., probe an initial "DK" once before coding.

YES . . . . . . . . . . . . . . 1 10/
NO. . . . . . . . . . . . . . . 2
[✓ DON'T KNOW] . . . . . . . . . 7

---

4. How many television sets, in good working order, do you have here?

1 . . . . . . . . . . . . . . . 1 11/
2 . . . . . . . . . . . . . . . 2
3 OR MORE . . . . . . . . . . . 3
DON'T KNOW. . . . . . . . . . 7

---

5. When you turn on television, how often do you watch . . .

A. a news program... → often,. . . . . . . . . . . . 1 12/
sometimes,. . . . . . . . . 2
hardly ever, or . . . . . . . 3
never?. . . . . . . . . . . 4

DON'T KNOW. . . . . 7

follow the arrows for the correct way to read this q.

(Q. 5 CONTINUED ON NEXT PAGE)

(Q.5 CONT'D)

5. When you turn on television, how often do you watch . . .

B. an entertainment program . . .

| | | |
|---|---|---|
| often,. . . . . . . . . . . | 1 | 13/ |
| sometimes,. . . . . . . . . | 2 | |
| hardly ever, or . . . . . | 3 | |
| never?. . . . . . . . . . | 4 | |
| DON'T KNOW . . | 7 | |

Read slowly

C. a program that teaches about how to do things, like cooking, taking care of plants, how to take of your and your family's health, or exercise . . .

| | | |
|---|---|---|
| often,. . . . . . . . . . . | 1 | 14/ |
| sometimes,. . . . . . . . . | 2 | |
| hardly ever, or . . . . . | 3 | |
| never?. . . . . . . . . . | 4 | |
| DON'T KNOW . . | 7 | |

Repeat the first part of the Q. from above if necessary

D. any program just because it happens to be on . . .

| | | |
|---|---|---|
| often,. . . . . . . . . . . | 1 | 15/ |
| sometimes,. . . . . . . . . | 2 | |
| hardly ever, or . . . . . | 3 | |
| never?. . . . . . . . . . | 4 | |
| DON'T KNOW . . | 7 | |

---

6. What is the single most important reason that you watch television? 16/R
DO NOT PROBE FIRST RESPONSE

Note

---

7. When you watch television, which channel do you watch the most?

| | | |
|---|---|---|
| CHANNEL 4 (KDFW - CBS). . | 1 | 17/ |
| CHANNEL 5 (WBAP - NBC). . | 2 | |
| CHANNEL 8 (WFAA - ABC). . | 3 | |
| CHANNEL 11 (KTVT - IND) . | 4 | |
| CHANNEL 13 (KERA - PBS) . | 5 | |
| CHANNEL 39 (UHF - KXTX) . | 6 | |
| DON'T KNOW. . . . . . . . | 7 | |

---

8. How much do you watch Channel 13 . . .

| | | |
|---|---|---|
| nearly everyday, . . . . | 1 | 18/ |
| 2 or three times a week,. | 2 | |
| once a week, or . . . . . | 3 | |
| less than that? . . . . . | 4 | |
| NEVER . . . . | 5 | |
| DON'T KNOW. . | 7 | |

This is anyone R considers the head of the house.

DECK 2

9. Now I would like to ask about the people who live in this household. What is the name of the head of the house? ENTER ON FIRST LINE BELOW.

Who else lives here? CONTINUE LISTING BELOW.

Have we missed anyone -- persons who usually live here but who are away from home now, travelling, on vacation, in a hospital or somewhere else? Have we missed any babies or small children? CONTINUE LISTING AS NECESSARY.

ASK A & B FOR EACH PERSON LISTED. CODE C AND D.

note

In most cases, it will be unnecessary to ask

note

| Names<br>First | Last | A.<br>How old was (PERSON) on (his/her) last birthday? | B.<br>How is (PERSON) related to (HEAD)? | C.<br>CODE SEX:<br>M | <br><br>F | D.<br>CHECK RESP. |
|---|---|---|---|---|---|---|
| 01 | 19-20/ | 21-22/ | 23-24/<br>Head | 1 | 25/<br>2 | |
| 02 | 26-27/ | 28-29/ | 30-31/ | 1 | 32/<br>2 | |
| 03 | 33-34/ | 35-36/ | 37-38/ | 1 | 39/<br>2 | |
| 04 | 40-41/ | 42-43/ | 44-45/ | 1 | 46/<br>2 | |
| 05 | 47-48/ | 49-50/ | 51-52/ | 1 | 53/<br>2 | |
| 06 | 54-55/ | 56-57/ | 58-59/ | 1 | 60/<br>2 | |
| 07 | 61-62/ | 63-64/ | 65-66/ | 1 | 67/<br>2 | |
| BEGIN DECK 3<br>08 | 8-9/ | 10-11/ | 12-13/ | 1 | 14/<br>2 | |
| 09 | 15-16/ | 17-18/ | 19-20/ | 1 | 21/<br>2 | |
| 10 | 22-23/ | 24-25/ | 26-27/ | 1 | 28/<br>2 | |
| 11 | 29-30/ | 31-32/ | 33-34/ | 1 | 35/<br>2 | |

Include

1. Lodgers + boarders,
2. Anyone else staying here who has no other home.

DO NOT INCLUDE

1. College students away at college
2. Persons in armed forces stationed away from here.
3. Persons in institutions such as sanitarium, nursing home, home for aged, mental hospital -

FOR OFFICE USE ONLY:

☐☐ Total in H.H. 36-37/

☐☐ Resp. # 38-39/

Now, some questions about health.

10. Do you read newspaper items about health . . .

frequently, . . . . . . . . . . . 1 40/
only occasionally, or . . . . . . 2
hardly ever? (ASK A) . . . . . . 3

IF "HARDLY EVER", ASK:

A. Is that because you. . .

Watch carefully for instructions on when to ask sub q's.

don't read the newspapers much, or. . . . . . . . . . . . 1 41/
because you usually skip the health columns? . . . . . . 2
OTHER (SPECIFY) _____ 3

Use this space to specify

---

11. Have you read any magazine columns or articles about health or medicine in the last month?

YES . . . . . . . . . . . . . . . . 1 42/
NO (ASK A). . . . . . . . . . . . . 2

IF NO, ASK:

A. Is that because you . . . .

don't often read magazines, or. 1 43/
because you usually skip the articles about health?. . . . 2
OTHER (SPECIFY) _____ 3

---

12. Do you watch doctor series on TV-- such as Marcus Welby, Medical Center, or programs of that sort. . .

regularly . . . . . . . . . . . . 1 44/
only occasionally, or . . . . . 2
hardly ever?. . . . . . . . . . . 3
DON'T KNOW . . . . . 7

---

13. Do you watch television documentaries or specials dealing with health or medicine. . .

Whatever R thinks of as

most of the time that they are shown, . . . . . . . . . . 1 45/
only occasionally, or . . . . . 2
hardly ever?. . . . . . . . . . . 3
DON'T KNOW . . . . . 7

---

14. In general, as far as you personally are concerned, do you feel there are . . .

too many stories, articles, radio and television programs about health, or . 1 46/
not enough of them?. . . . . . . . . . . 2
ABOUT RIGHT. . . . . 3
DON'T KNOW . . . . . 7

This of course is not read but is included in case R volunteers this ans.

15. Do you have any books or pamphlets on health that relate to adults that you refer to when you or anyone else in your household gets sick?

| | | |
|---|---|---|
| YES | 1 | 47/ |
| NO. | 2 | |
| DON'T KNOW. | 7 | |

note carefully!!

IF CHILD(REN) UNDER 6 IN HOUSEHOLD, ASK Q.16

16. Do you have any books or pamphlets on health that relate to children only, that you refer to when a child gets sick?

| | | |
|---|---|---|
| YES | 1 | 48/ |
| NO. | 2 | |
| DON'T KNOW. | 7 | |

ASK EVERYONE

17. When a leaflet concerning health is given to you — do you . . .

| | | |
|---|---|---|
| usually read it, | 1 | 49/ |
| sometimes read it, or | 2 | |
| usually not read it? | 3 | |
| NEVER GET ONE | 4 | |
| DON'T KNOW. | 7 | |

to be used only if R volunteers this ans. ← NEVER GET ONE

18. How often do you discuss health matters with people you know . . .

Reminders

① Read this

| | | |
|---|---|---|
| often, | 1 | 50/ |
| sometimes, or | 2 | |
| never? | 3 | |
| DON'T KNOW. | 7 | |

19. Have you ever asked a druggist or pharmacist for advice about what to do when someone in your family gets sick?

② Don't read this

| | | |
|---|---|---|
| YES | 1 | 51/ |
| NO. | 2 | |
| DON'T KNOW. | 7 | |

circle one code for each item. In A – I, if R says she is not sure, ask her whether a dr. ever said anyone in hh had it before accepting a DK.

Repeat as often as necessary

20. Did you or anyone else in your household ever have . . .

even if no trouble now!

| | | YES | NO | DON'T KNOW | |
|---|---|---|---|---|---|
| A. | heart trouble? | 1 | 2 | 7 | 52/ |
| B. | high blood pressure (hypertension)? | 1 | 2 | 7 | 53/ |
| C. | hardening of the arteries? | 1 | 2 | 7 | 54/ |
| D. | tumor, cyst or growth? | 1 | 2 | 7 | 55/ |
| E. | mental or emotional trouble? | 1 | 2 | 7 | 56/ |
| F. | cancer? | 1 | 2 | 7 | 57/ |
| G. | trouble with hearing? Note! | 1 | 2 | 7 | 58/ |
| H. | trouble with seeing--even with glasses? | 1 | 2 | 7 | 59/ |
| I. | trouble with being very overweight or very underweight? | 1 | 2 | 7 | 60/ |
| J. | trouble due to too much drinking? | 1 | 2 | 7 | 61/ |
| K. | a lot of trouble with the teeth? | 1 | 2 | 7 | 62/ |

However R interprets this.

This is a long q. Be sure R hears all of it before answering

(21.) When was the last time you had a routine physical check-up when nothing was bothering you and you didn't have to have one because of a job or anything like that -- was it . . .

| | | |
|---|---|---|
| less than 3 months ago, . . . . . . . . | 1 | 63/ |
| between 3 and 6 months ago, . . . . . . | 2 | |
| between 6 months and a year ago,. . . . | 3 | |
| more than a year ago, or. . . . . . . . | 4 | |
| have you never gone for a check-up when nothing was bothering you? (SKIP TO Q.23). . . . . . . . . . . | 5 | |
| DON'T KNOW. . . . . | 7 | |

Reminder

If R gives an ans. that is on border (6 months), probe with "Less than 6 months, or more than 6 months" before coding

22. About how often do you usually get a physical check-up even though you aren't sick, just to make sure everything is all right . . .

| | | |
|---|---|---|
| about every 3 months, . . . . . . . . . | 1 | 64/ |
| about every 6 months, . . . . . . . . . | 2 | |
| about every year, . . . . . . . . . . . | 3 | |
| or what? (SPECIFY) ______________ | 4 | |
| DON'T KNOW. . . . . | 7 | |

Note

23. Did a doctor ever examine your breasts for the presence of any lumps?

| | | |
|---|---|---|
| YES (ASK A & B) | 1 | 65/ |
| NO | 2 | |
| DON'T KNOW | 7 | |

If either of these is coded, go to Q. 24.

IF YES, ASK A & B:

A. When was the last time -- was it . . .

| | | |
|---|---|---|
| within the last 3 months, (ASK (1)) | 1 | 66/ |
| between 3 and 6 months ago, | 2 | |
| between 6 months and a year ago, | 3 | |
| between a year and 2 years ago, or | 4 | |
| longer ago than that? | 5 | |
| DON'T KNOW | 7 | |

(1) Was it before you learned of the operation of the President's wife, or after?

If R. refers to Happy Rockefeller record verbatim.

| | | |
|---|---|---|
| BEFORE | 1 | 67/ |
| AFTER | 2 | |
| DON'T KNOW | 7 | |

B. In general, how often do you have a doctor examine your breasts . . .

| | | |
|---|---|---|
| every three months, | 1 | 68/ |
| every six months, | 2 | |
| every year, | 3 | |
| every 2 years, or | 4 | |
| less often than that? | 5 | |
| NO REGULAR TIME | 6 | |
| DON'T KNOW | 7 | |

---

24. Have you ever heard of Breast Self Examination -- where a woman examines her own breasts for the presence of lumps?

| | | |
|---|---|---|
| YES | 1 | 69/ |
| NO (SKIP TO Q.28) | 2 | |

Watch carefully for skip instructions.

BEGIN DECK 4
8/R

25. Did you ever examine your own breasts for the presence of lumps?

YES (ASK A & B). . . . . . . . 1 9/
NO (SKIP TO Q. 27) . . . . . . 2

} follow the appropriate instruction

IF YES, ASK A & B:

A. When did you start examining your breasts-- was it . . .

within the last 3 months, (ASK (1)). . . 1 10/
between 3 and 6 months ago, . . . . . . . 2
between 6 months and a year ago. . . . . 3
between a year and 2 years ago, or . . . 4
longer ago than that?. . . . . . . . . . . 5
DON'T KNOW . . . . . . 7

(1) Was it before you learned of the operation of the president's wife, or after?

BEFORE . . . . . . . . . . . . . 1 11/
AFTER . . . . . . . . . . . . . . 2
DON'T KNOW . . . . . . . . . . . 7

If R refers to Happy Rockafeller record verbatim.

B. In general, how often do you examine your own breasts . . .

every month, . . . . . . . . . . . . . .01 12-13/
every three months,. . . . . . . . . . . .02
every six months,. . . . . . . . . . . . .03
every year,. . . . . . . . . . . . . . . .04
every 2 years, or. . . . . . . . . . . . .05
less than that?. . . . . . . . . . . . . .06
NO REGULAR TIME. . . .07
DON'T KNOW . . . . . . .97

---

26. How did you first learn to examine your own breasts?

FROM A DOCTOR (SUGGESTED BY DOCTOR). . [✓ 01] 14-15/
FROM A DOCTOR (SUGGESTED BY RESPONDENT) (SKIP TO Q.28) . . . . . [✓ 02]
FROM A NURSE . . . . . . . . . . . . . . .03
FROM A FRIEND. . . . . . . . . . . . . . .04
FROM TELEVISION. . . . . . . . . . . . . .05
FROM A MAGAZINE. . . . . . . . . . . . . .06
[✓ NEVER LEARNED, JUST DO IT] . . . . . .07 R may ans. this way
OTHER (SPECIFY)______________________ 08
DON'T KNOW . . . . . . . . . . . . . . . .97

Note the difference between codes "01" + "02." If R says, "from a dr," probe with "Did you ask the dr. to teach you or was it the dr's idea?" before circling the appropriate code.

27. Have you ever asked a doctor to teach you how to do a breast examination?

YES . . . . . . . . . . . . . . . 1 16/
NO. . . . . . . . . . . . . . . . 2

---

ASK EVERYONE

28. If breast cancer is detected early, do you think the chance of recovery is . . .

very good,. . . . . . . . . . . 1 17/
fair, or. . . . . . . . . . . . 2
poor? . . . . . . . . . . . . . 3
DON'T KNOW . . . . 7

---

29. Have you ever heard of the Pap test or Pap smear? Again! No explanation.

YES . . . . . . . . . . . . . . . 1 18/
NO (SKIP TO Q. 33). . . . . . . 2
DON'T KNOW . . . . 7

---

30. Have you ever had a Pap test, or not?

YES (ASK A & B) . . . . . . . . 1 19/
NO . . . . . . . . . . . . . . . 2
DON'T KNOW . . . . 7

IF YES, ASK A & B:

A. When was the last time you had one -- was it . . .

within the last 3 months,. . . . . . 1 20/
between 3 and 6 months ago,. . . . . 2
between 6 months and a year ago, . . 3
between a year and 2 years ago, or . 4
longer ago than that?. . . . . . . . 5
DON'T KNOW . . . . 7

B. In general, how often do you get a Pap test . . .

every three months,. . . . . . . . . 1 21/
every six months,. . . . . . . . . . 2
every year,. . . . . . . . . . . . . 3
every 2 years, or. . . . . . . . . . 4
less often than that?. . . . . . . . 5
If R volunteers this response NO REGULAR TIME. 6
DON'T KNOW . . . . 7

31. From what you've heard, what does the Pap smear test for?

Reminders

① Don't read

| | | |
|---|---|---|
| VENEREAL DISEASE . . . . . . | 1 | 22/ |
| CANCER . . . . . . . . . . . | 2 | |
| ANY OTHER DISEASE. . . . . . | 3 | |
| DON'T KNOW . . . . . . . . . | 7 | |

---

32. How often should an adult woman have a Pap test . . .

② Read

| | | |
|---|---|---|
| every month, . . . . . . . . | 1 | 23/ |
| every 6 months,. . . . . . . | 2 | |
| every year,. . . . . . . . . | 3 | |
| every 2 years, or. . . . . . | 4 | |
| isn't it necessary to get one? . . . . . . . . . | 5 | |
| DON'T KNOW. . . . | 7 | |

---

ASK EVERYONE:

33. If cancer of the uterus is detected and treated early, do you think the chance of recovery is . . .

| | | |
|---|---|---|
| very good, . . . . . . . . . | 1 | 24/ |
| fair, or . . . . . . . . . . | 2 | |
| poor? . . . . . . . . . . . | 3 | |
| DON'T KNOW. . . . | 7 | |

---

34. How important do you think it is for one's health to exercise regularly -- is it . . .

If R says "important," probe by repeating "very important or somewhat important" before coding.

| | | |
|---|---|---|
| very important, (ASK A & B). | 1 | 25/ |
| somewhat important, (ASK A & B). . . . . . . . | 2 | |
| or not important?. . . . . . | 3 | |
| DON'T KNOW. . . . | 7 | |

IF VERY IMPORTANT OR SOMEWHAT IMPORTANT, ASK A & B:

A. In general, besides the usual amount of exercise you get around the house or at work, do you make any special effort to exercise, or not?

| | | |
|---|---|---|
| MAKE SPECIAL EFFORT. . . . . | 1 | 26/ |
| NO . . . . . . . . . . . . . | 2 | |

B. Do you feel that you are getting enough exercise to keep yourself in good health or not?

| | | |
|---|---|---|
| GETTING ENOUGH . . . . . . . | 1 | 27/ |
| NOT GETTING ENOUGH . . . . . | 2 | |
| DON'T KNOW . . . . . . . . . | 7 | |

Altho we always say that a R must ans. in the exact words of a category read to her,

35. Do you agree or disagree with the following: People who do regular exercise have fewer heart attacks than people who don't.

In an "agree - disagree" Q. such as Q. 35, if R ans. "yes" or "no", you may code without probing

| | | |
|---|---|---|
| [✓ YES,] AGREE | 1 | 28/ |
| [✓ NO,] DISAGREE | 2 | |
| DON'T KNOW | 3 | |

---

36. As you probably know, the man in this picture is having his blood pressure checked. When was the last time you had your blood pressure checked -- was it. . .

SHOW PICTURE

| | | |
|---|---|---|
| within the last 12 months, (ASK A) | 1 | 29/ |
| longer ago than that, (ASK A) or | 2 | |
| have you never had it done? | 3 | |
| DON'T KNOW | 7 | |

A. Were you told at that time whether your blood pressure was high, low, normal, or weren't you told anything?

| | | |
|---|---|---|
| HIGH | 1 | 30/ |
| LOW | 2 | |
| NORMAL | 3 | |
| NOT TOLD ANYTHING | 4 | |
| DON'T KNOW | 7 | |

---

37. Has anyone ever explained to you what a person with high blood pressure should do to help control it, or not?

| | | |
|---|---|---|
| EXPLAINED | 1 | 31/ |
| DID NOT EXPLAIN | 2 | |
| DON'T KNOW | 7 | |

---

38. Do you agree or disagree with the following: A person can have high blood pressure and not know it.

See Q. 35

| | | |
|---|---|---|
| YES, AGREE | 1 | 32/ |
| NO, DISAGREE | 2 | |
| DON'T KNOW | 7 | |

---

*39. If a child in your house accidently swallowed some medicine not prescribed for him or some cleaning fluid, what is the very first thing you would do?

Note carefully!

RECORD VERBATIM AND CODE

| | | |
|---|---|---|
| TAKE TO EMERGENCY ROOM/HOSPITAL | 01 | 33-44/ |
| GIVE HIM MILK OR WATER | 02 | |
| MAKE HIM THROW UP | 03 | |
| TAKE HIM TO DOCTOR | 04 | |
| CALL BOARD OF HEALTH TO FIND OUT WHERE TO GO | 05 | |
| TELEPHONE POISON CONTROL CENTER | 06 | |
| OTHER | 07 | |
| DON'T KNOW | 97 | |

40. When you are getting ready to speak to a doctor about yourself or someone else in the family, do you . . .

i R says "sometimes
do 1 thing and sometimes
another," probe with "What
o you usually do?"

try to memorize all the complaints and symptoms, . . . . 1 35/

write a list of the complaints or symptoms so you won't forget, or.2

do you do something else?. . . . . 3

---

41. If you suddenly needed a doctor at night or on a Sunday, what is the first thing you would do?
RECORD VERBATIM AND CODE.

Note!

Reminder

Don't read.

PHONE A DOCTOR . . . . . . . . . . .01 36-37/
GO TO A DOCTOR . . . . . . . . . . .02
SEND SOMEONE TO GET A DOCTOR . . .03
CALL THE TELEPHONE OPERATOR. . . .04
CALL THE POLICE (ASK A). . . . . .05
CALL AN AMBULANCE (ASK A). . . . .06
CALL AN EMERGENCY ROOM (ASK A) . .07
GO TO AN EMERGENCY ROOM. . . . . .08
OTHER . . . . . . . . . . 09
DON'T KNOW . . . . . . . . . . . .97

A. Do you have the telephone number in a place where you could find it very easily, or not?

YES, CAN FIND IT VERY EASILY . . . 1 38/
NO . . . . . . . . . . . . . . . . 2
DON'T KNOW . . . . . . . . . . . . 7

---

42. Some people say that doctors usually don't tell you enough about your condition; they don't explain just what the trouble is. Do you think that is true of most doctors, or not?

Note

TRUE (ASK A) . . . . . . . . . . . 1 39/
NOT TRUE . . . . . . . . . . . . . 2
DON'T KNOW . . . . . . . . . . . . 7

A. When that happens to you, how often do you ask the doctor to tell you more about the condition . . .

all the time,(ASK (1). . . . . . . 1 40/
sometimes, or (ASK (1) . . . . . . 2
never? . . . . . . . . . . . . . . 3

(1) When you ask, does he usually . . .

give you an answer that you can understand,. . . . . . . . . 1 41/
give you an answer that you don't understand, or . . . . . . 2
give you no answer?. . . . . . . . 3

Please, pause, at this instruction every time.

Check ~

DECK 4

OFFICE USE ONLY:

☐☐ 42-43/

IF CHILD(REN) UNDER 6 YEARS OF AGE IN HOUSEHOLD, ASK Q's 43-55

Otherwise Skip to Q.56

note

Let's see. Your oldest child who is under 6 years of age is ________________.
(ENTER NAME)

43. What one thing does (OLDEST CHILD UNDER 6) eat most often for a snack between meals?

note

Be sure to code only 1 response!

| | | |
|---|---|---|
| FRUIT | 01 | 44-45/ |
| CANDY | 02 | |
| DRY CEREAL (NOT SUGAR COATED) | 03 | |
| DRY CEREAL (SUGAR COATED) | 04 | |
| RAW VEGETABLES | 05 | |
| COOKIES | 06 | |
| CUPCAKES, MUFFINS, PIES | 07 | |
| OTHER (SPECIFY)________________ | 08 | |
| DON'T KNOW | 97 | |

---

During the first few years of life, many children get immunization shots or oral vaccines to prevent certain diseases.

Practice saying this aloud a few times!

44. Did (OLDEST CHILD UNDER 6) ever get any shots for any illnesses such as for diphtheria, tetanus and whooping cough, known as DTP, or for polio, measles or rubella?

| | | |
|---|---|---|
| YES | 1 | 46/ |
| NO (SKIP TO Q.49) | 2 | |

---

I'm going to ask you about each one of these separately.

45. Did (CHILD) ever get any DTP (diphtheria, tetanus, whooping cough) shots?

| | | |
|---|---|---|
| YES (ASK A) | 1 | 47/ |
| NO | 2 | |
| DON'T KNOW | 7 | |

select the appropriate word!

A. Did (he/she) finish getting all (his/her) DTP shots?

| | | |
|---|---|---|
| YES | 1 | 48/ |
| NO (ASK (1) | 2 | |
| DON'T KNOW | 7 | |

IF NO, ASK (1)

(1) Will (he/she) be getting the rest of the shots, or not?

| | | |
|---|---|---|
| YES | 1 | 49/ |
| NO | 2 | |
| DON'T KNOW | 7 | |

If R mentions it, we are not asking about the booster shot.

46. Did (he/she) get a shot against rubella -- also known as German measles -- or not?

| | | |
|---|---|---|
| YES . . . . . . . . . . . . . | 1 | 50/ |
| NO. . . . . . . . . . . . . . | 2 | |
| DON'T KNOW. . . . . . . . . | 7 | |

---

47. Did (CHILD) get a shot against the regular measles, or not?

| | | |
|---|---|---|
| YES . . . . . . . . . . . . . | 1 | 51/ |
| NO. . . . . . . . . . . . . . | 2 | |
| DON'T KNOW. . . . . . . . . | 7 | |

---

48. Did (CHILD) ever get oral or some other vaccine against polio?

| | | |
|---|---|---|
| YES (ASK A) . . . . . . . . | 1 | 52/ |
| NO. . . . . . . . . . . . . . | 2 | |
| DON'T KNOW. . . . . . . . . | 7 | |

A. Did (he/she) finish getting all the polio vaccine that (he/she) needs?

| | | |
|---|---|---|
| YES . . . . . . . . . . . . . | 1 | 53/ |
| NO (ASK (1) . . . . . . . . | 2 | |
| DON'T KNOW. . . . . . . . . | 7 | |

IF NO, ASK (1)

(1) Will (he/she) be getting it, or not?

| | | |
|---|---|---|
| YES . . . . . . . . . . . . . | 1 | 54/ |
| NO. . . . . . . . . . . . . . | 2 | |
| DON'T KNOW. . . . . . . . . | 7 | |

---

IF CHILD HAD NO IMMUNIZATION, ASK Q. 49

Ask only if ans. to Q. 44 is "n

49. Do you plan to have your child(ren) immunized against some childhood diseases or not?

If more than 1 child in hh under 6, read "children."

| | | |
|---|---|---|
| PLANS TO HAVE IMMUNIZED . | 1 | 55/ |
| NO. . . . . . . . . . . . . . | 2 | |
| DON'T KNOW . . . . . . . . | 7 | |

---

50. Please tell me whether you agree or disagree with the following statement: Children's diseases are not serious enough to be worth the bother of giving them immunizations.

| | | |
|---|---|---|
| YES, AGREE. . . . . . . . . | 1 | 56/ |
| NO, DISAGREE. . . . . . . . | 2 | |
| DON'T KNOW. . . . . . . . . | 7 | |

Pause and Check with Q. 9 A

DECK 4

IF CHILD(REN) FROM 4 - 6 YEARS OF AGE IN HOUSEHOLD, ASK Q's 51-53

51. Who is your oldest child between the ages of four and six who has not started school?

OFFICE USE ONLY: ☐☐ 57-58/

This may or may not be same child as in Q's. 43-50.

NAME

It must be a child who has not started school.

NONE (SKIP TO Q. 54). . . . . . . 96 ← Watch!

52. Has (NAME) had a test to make sure his eyesight is all right?

| | | |
|---|---|---|
| YES . . . . . . . . . . . . . . . . . . | 1 | 59/ |
| NO (ASK A). . . . . . . . . . . . . . . | 2 | |

IF NO, ASK A

A. Some parents bring their children for an eyesight check-up before they start school and some don't. How about you -- Will you definitely take (NAME) for an eyesight check-up before (he/she) starts school, probably take him, or are you not likely to take him? } Long Q. Read slowly.

| | | |
|---|---|---|
| DEFINITELY TAKE HIM (ASK (1). . . . | 1 | 60/ |
| PROBABLY TAKE HIM (ASK (1). . . . . | 2 | |
| NOT LIKELY. . . . . . . . . . . . . . | 3 | |
| DON'T KNOW. . . . . . . . . . . . . . | 7 | |

(1) Do you have a particular place in mind to take him to, or haven't you decided yet?

| | | |
|---|---|---|
| PARTICULAR PLACE. . . . . . . . . . | 1 | 61/ |
| NOT DECIDED . . . . . . . . . . . . | 2 | |

53. Has (NAME) had a test to make sure his hearing is all right?

YES. . . . . . . . . . . . . . 1 62/
NO (ASK A) . . . . . . . . . 2

IF NO, ASK A

A. Some parents bring their children for a hearing check-up before they start school and some don't. How about you -- Will you definitely take (NAME) for a hearing check-up before (he/she) starts school, probably take him, or are you not likely to take him? } Read slowly.

DEFINITELY TAKE HIM (ASK (1) . . . . 1 63/
PROBABLY TAKE HIM (ASK (1) . . . . . 2
NOT LIKELY . . . . . . . . . . . . . . 3
DON'T KNOW . . . . . . . . . . . . . . 7

(1) Do you have a particular place in mind to take him to, or haven't you decided yet?

PARTICULAR PLACE . . . . . 1 64/
NOT DECIDED. . . . . . . . . 2

---

ASK Q's 54 & 55 ABOUT YOUNGEST CHILD UNDER 6 IN HOUSEHOLD. ← Pause again. Refer to Q. 9 A. Be sure to have the right child!

54. When was the last time Enter name here got a routine check-up. . .
YOUNGEST CHILD

Reminder
If ans. is on border (3 months), probe before coding.

less than one month ago, . . . . . . . 1 65/
between one and 3 months ago,. . . . 2
between 3 and 6 months ago,. . . . . 3
between 6 months and a year ago, . . 4
or more than a year ago? . . . . . . 5
to use if R volunteers this response. } NEVER HAD COMPLETE PHYSICAL CHECKUP(SKIP TO Q.56). . . . . 6
DON'T KNOW . . . . . . . . . . . 7

---

55. How often does (he/she) usually get a physical check-up even though (he/she) isn't sick, just to make sure everything is all right . . .

If more often than once a month, ircle code "1".

every month or so, . . . . . . . . . 1 66/
about every 3 months,. . . . . . . . 2
about every 6 months,. . . . . . . . 3
about every year,. . . . . . . . . . 4
or what? (SPECIFY)________________ 5
NEVER. . . . . . . . . . . . . . 6
DON'T KNOW . . . . . . . . . . . . 7

BEGIN DECK 5

ASK EVERYONE

Do not ask "B" until you have finished with "A"

56. Reminder Do not read!

| | CODE AS MANY AS APPLY<br>A.<br>What do you usually do to keep your teeth clean? Anything else? Be sure to probe! | | FOR EACH ITEM CODED IN A, ASK B.<br>B.<br>Did you use (ITEM) yesterday?<br>YES | NO | |
|---|---|---|---|---|---|
| BRUSH TEETH | 1 | 8/ | 2 | 3 | 9/ |
| DENTAL FLOSS | 1 | 10/ | 2 | 3 | 11/ |
| TOOTHPICK | 1 | 12/ | 2 | 3 | 13/ |
| DISCLOSING TABLET | 1 | 14/ | 2 | 3 | 15/ |
| RINSING AFTER EATING | 1 | 16/ | 2 | 3 | 17/ |
| WATER PICK | 1 | 18/ | 2 | 3 | 19/ |
| OTHER (SPECIFY) | 1 | 20/ | 2 | 3 | 21/ |
| OTHER (SPECIFY) | 1 | 22/ | 2 | 3 | 23/ |

in case there are 2 other things

If R volunteers this

RESPONDENT HAS FULL DENTURES (SKIP TO Q.60) . . . . 1 24/

IF DISCLOSING TABLET NOT MENTIONED IN Q.56, ASK Q.57 Note Carefully.

57. Have you ever used a disclosing tablet or not?

| | | |
|---|---|---|
| USED DISCLOSING TABLET . . . . . . . | 1 | 25/ |
| HAS NOT USED . . . . . . . . . . . . . | 2 | |
| DOESN'T KNOW WHAT IT IS. . . . . . . | 3 | |

58. When was the last time you went for a dental check up when your teeth were not bothering you . . .

| | | |
|---|---|---|
| in the last six months,. . . . . . . | 1 | 26/ |
| between 6 months and 1 year ago, . . | 2 | |
| more than a year ago, or . . . . . . | 3 | |
| never? (SKIP TO Q.60). . . . . . . . | 4 | |
| DON'T KNOW . . . . . . | 7 | |

59. How often do you usually go for a dental checkup . . .

| | | |
|---|---|---|
| about every 6 months,. . . . . . . . | 1 | 27/ |
| about every year,. . . . . . . . . . | 2 | |
| about every two years, . . . . . . . | 3 | |
| less often than that, or . . . . . . | 4 | |
| don't you go for a dental check up regularly?. . . . . . . . | 5 | |

Read slowly and pause at commas

ASK EVERYONE

60. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

_____ DAYS 28-29/

---

61. What was the last grade of regular school that you completed?

If R just says "high school" or "college", ask whether she completed it or not, before circling the appropriate code.

| | | |
|---|---|---|
| No schooling . . . . . . . . . . | .01 | 30-31/ |
| 1st to 4th grade . . . . . . . . | .02 | |
| 5th to 7th grade . . . . . . . . | .03 | |
| 8th grade. . . . . . . . . . . | .04 | |
| High school, incomplete (grades 9, 10 or 11). . . . . | .05 | |
| High school, complete (12th grade). . . . . . . . . | .06 | |
| College, incomplete. . . . . . | .07 | |
| College, complete. . . . . . . | .08 | |

You may read the code categories if it seems appropriate

---

IF HEAD OF HOUSE DIFFERENT FROM RESPONDENT, ASK Q. 62

See Q.9

62. What was the last grade (HEAD OF HOUSE) completed in school?

See Q.61

| | | |
|---|---|---|
| No schooling . . . . . . . . . . | .01 | 32-33/ |
| 1st to 4th grade . . . . . . . . | .02 | |
| 5th to 7th grade . . . . . . . . | .03 | |
| 8th grade. . . . . . . . . . . | .04 | |
| High school, incomplete (grades 9, 10 or 11). . . . . | .05 | |
| High school, complete (12th grade). . . . . . . . . | .06 | |
| College, incomplete. . . . . . | .07 | |
| College, complete. . . . . . . | .08 | |
| Don't know . . . . . . . . . . | .97 | |

63. Last week was (HEAD OF HOUSEHOLD) working, going to school, keeping house, or what? IF MORE THAN ONE RESPONSE, GIVE PREFERENCE TO CODES IN NUMERICAL ORDER--FROM LEAST TO HIGHEST NUMBERS. CODE ONE ONLY.

note!

In this q. you, may be asking about the R or someone else - depending on who is head of hh.

| | | |
|---|---|---|
| WORKING | 01 | 34-35/ |
| WITH A JOB, BUT NOT AT WORK BECAUSE OF TEMPORARY ILLNESS | 02 | |
| WITH A JOB, BUT NOT AT WORK BECAUSE OF VACATION | 03 | |
| UNEMPLOYED, LAID OFF, LOOKING FOR WORK | 04 | |
| RETIRED (ASK A) | 05 | |
| IN SCHOOL (ASK A) | 06 | |
| KEEPING HOUSE (ASK A) | 07 | |
| DISABLED OR HANDICAPPED (ASK A) | 08 | |
| OTHER (SPECIFY AND ASK A)________________ | 09 | |

note!

A. IF RETIRED, IN SCHOOL, KEEPING HOUSE, DISABLED OR OTHER: Did (you/he/she) ever work for as long as one year?

| | | |
|---|---|---|
| YES | 1 | 36/ |
| NO (SKIP TO Q.66) | 2 | |

---

64. A. What kind of work (does/did) (HEAD OF HOUSE) do? That is, what (is/was) (your/his/her) job called?

select the appropriate word,

OCCUPATION:________________________________ 37-39/

See Q63.

B. IF NOT ALREADY ANSWERED, ASK: What (does/did) (you/he/she) actually do in that job? Tell me, what (are/were) some of the main duties?

Be as explicit as possible

C. What kind of place (is/was) that?

INDUSTRY:________________________________ 40-42/

D. IF NOT ALREADY ANSWERED, ASK: What (do/did) they (make/do)?

________________________________

You may have to help R to make a selection.

DECK 5

65. I would like you to look at this card. It has the 10 groups into which the United States Census divides all jobs. Please tell me in which group you would put (HEAD OF HOUSE's) job.

HAND RD

this stands for "example."

A. Professional and Technical (ex: accountants, engineers, physicians, nurses, social workers, teachers, draftsmen, actors, computer programmers) . . . . . . . . . . . . . . . . . . . . .01 43-44/

B. Managers and Administrators (ex: treasurers, buyers, office managers, government officials, sales managers, restaurant managers). . . . . . . . . . . . . . . . . . . . . . . . . .02

C. Sales Workers (ex: newsboys, real estate agents, retail sales clerks, manufacturers sales representatives). . . . . . . . . .03

D. Clerical Workers (ex: bank tellers, file clerks, mail carriers, dispatchers, office machine operators, secretaries) . . . . . . . . . . . . . . . . . . . . . . . . . . . .04

E. Craftsmen (ex: bakers, floor layers, foremen, machinists, mechanics and repairmen, sheet metal workers, tailors). . . . . . .05

F. Operatives (ex: assemblers, clothing pressers, produce graders, machine operators, sailors, textile operatives, bus drivers, taxicab drivers, deliverymen). . . . . . . . . . . . .06

G. Laborers (ex: fishermen and oystermen, garbage collectors, warehousemen, laborers, lumbermen and woodchoppers) . . . . . . . . .07

H. Farmers and Farm Managers . . . . . . . . . . . . . . . . . . . . .08

I. Farm Laborers . . . . . . . . . . . . . . . . . . . . . . . . . . .09

J. Service Workers (ex: janitors, waiters, nursing aides, airline stewardesses, elevator operators, hairdressers, barbers, cooks, maids). . . . . . . . . . . . . . . . . . . . . . . . .10

DON'T KNOW. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .97

---

66. In which one of these groups did the total income fall for the last 12 months -- before taxes? Be sure to include wages, pensions or welfare or any other income for everyone who lives in the household. Just give me the letter.

If you have to help R to select the appropriate ans; make your calculations here.

HAND CARD

A. Under $2,000. . . . . . . . . . . . . . .01 45-46/

B. $2,000 to less than $3,000. . . . . . .02

C. $3,000 to less than $4,000. . . . . . .03

D. $4,000 to less than $5,000 . . . . . .04

E. $5,000 to less than $6,000. . . . . . .05

F. $6,000 to less than $7,000. . . . . . .06

G. $7,000 to less than $8,000. . . . . . .07

H. $8,000 to less than $10,000 . . . . . .08

I. $10,000 to less than $15,000 . . . .09

J. $15,000 or more . . . . . . . . . . . . .10

DON'T KNOW. . . . . . . . . . . . . . .97

REFUSED . . . . . . . . . . . . . . . .98

select the appropriate phrase in the parentheses — depending on whether this R has been told she will be interviewed again

67. May I have your telephone number (so that we can call you when we are ready to speak to you again.) (in case my office wants to call to be sure I was here).

47-53

TELEPHONE NUMBER ______________________

NO TELEPHONE . . . . . . . . . 1 54/

---

68. Many people move, whether they plan to or not.

IF R IS SOMEONE who has not been told she will be interviewed again and she asks why you need this info, say "We may want to speak with you again".

Please give me the names and addresses and phone numbers of 2 close relatives or friends who would be likely to know your new address or telephone number in the event that you move.

PRINT ALL THIS INFORMATION.

NAME: ______________________ RELATIONSHIP: ______________

ADDRESS: ____________ / ____________
Number Street

____________ / ____________ ____________
City State Telephone #

IF REFERENCE IS FEMALE: What is her husband's first name? ____________

NAME: ______________________ RELATIONSHIP: ______________

ADDRESS: ____________ / ____________
Number Street

____________ / ____________ ____________
City State Telephone #

IF REFERENCE IS FEMALE: What is her husband's first name? ____________

---

Thank you very much. You have been very helpful.

BEGIN DECK 6

FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER LEAVING RESPONDENT

A. Total length of interview: ☐☐☐ MINUTES 8-10/

---

B. Date of interview: ☐☐ / ☐☐ 11-14/
MONTH / DATE

October = 10. Enter 1 in first box and 0 in second.
November = 11

If 1 to 9, enter a zero in the first box. If 10 and up, enter one number in each box.

---

C. Respondent's Race:
Black . . . . . . . . . . . . . . . . 1 15/
White . . . . . . . . . . . . . . . . 2
Other (SPECIFY)________ 3

If R is Mexican-American, still code whether she is black or white by observation.

---

D. Hispanic Surname:
Yes . . . . . . . . . . . . . . . . . 1 16/
No. . . . . . . . . . . . . . . . . . 2
Don't know. . . . . . . . . . . . 7

---

E. In general, respondent's attitude toward the interview was . . .
friendly and eager. . . . . . . 1 17/
cooperative but not particularly eager. . . . . . 2
indifferent and bored, or . . . 3
hostile . . . . . . . . . . . . . 4

---

F. Respondent's understanding of the questions was . . .
good . . . . . . . . . 1 18/
fair . . . . . . . . . 2
poor . . . . . . . . . 3

---

G. Please indicate here anything special in the household you may have observed, such as a physically or mentally ill household member. Identify person from household enumeration if possible.
19-20/
21-22/
23-24/
25-26/
27-28/
29-30/

While you are in R's house, you may observe some of this info.

---

H.
Segment # ☐☐☐ 31-33/
Block # ☐☐ 34-35/
Line # ☐☐☐ 36-38/

You will get this info. from your assignment and listing sheets. Enter 1 number in each box.

---

I. Interviewer's I.D. # this is you! → ☐☐☐☐☐ 39-43/

---

J. Interviewer's signature: Don't forget to sign after working so hard!

---

K. Child in household under 6?
Yes . . . . . . . . . . . . . . . . 1 44/
No. . . . . . . . . . . . . . . . . 2

Remember to code →

CONFIDENTIAL

National Opinion Research Center
University of Chicago

Survey 4208
11/74

Fill in Case# and
Subsample from
Label on Face Sheet

☐ - ☐☐☐ 1-5
CASE #

SUB-SAMPLE ☐ 6

WAVE 2 7

## DALLAS HEALTH SURVEY

## WAVE II

Field Period: December 7-20, 1974

Q x Q SPEX

time frame for all of Q. 1

TIME: ______ AM PM

1. First, I'd like to ask you about some things some people do to take care of their health. For each one, please tell me if you did it since the last time we talked with you.

do not define for R.

| | Yes | No | Don't know | IF VOLUNTEERED: Started before last interview | |
|---|---|---|---|---|---|
| A. Have you had a Pap smear test? | 1 | 2 | 7 | -- | 08/9 |
| B. Have you had a dental checkup since the last time we talked with you? | 1 | 2 | 7 | -- | 09/9 |
| C. Have you had a routine physical checkup when nothing was bothering you and you didn't need one because of a job or anything like that? | 1 | 2 | 7 | -- | 10/9 |
| D. Since we last talked with you, have you had a doctor examine your breasts? | 1 | 2 | 7 | -- | 11/9 |
| E. Have you examined your own breasts? | 1 | 2 | 7 | -- | 12/9 |
| F. Have you asked a doctor to teach you how to examine your own breasts since we last talked with you? | 1 | 2 | 7 | -- | 13/9 |
| G. Have you started a regular program of exercise for yourself? | 1 | 2 | 7 | 3 | 14/9 |
| H. Since we last spoke with you, have you made a special effort to eat more fresh fruit? | 1 | 2 | 7 | 3 | 15/9 |

2. Do you have a child in your household under age 6?

Yes . . (ASK A-C). . 1 16/9
No (SKIP TO Q. 3). 2

IF YES:

A. Since we talked with you last, have you made any special effort to keep poisonous or harmful materials out of the reach of small children?

Yes . . . . . . . . 1 17/9
No . . . . . . . . 2

B. Since that time, have you taken your oldest child under age 6 for shots or immunizations?

Yes . . . . . . . . 1 18/9
No . . . . . . . . 2

do not define for respondent

C. Do you have a child under age 6 who has not yet started school?

Yes . (ASK [1] & [2]) . . 1 19/9
No . . . (SKIP TO Q. 3) . 2

IF YES TO C:

[1] Have you taken your oldest pre-school child in for a vision test since we last spoke to you?

Yes . . . . . . . . 1 20/9
No . . . . . . . . 2

The same child

[2] Have you taken your oldest pre-school child in for a hearing test since we last spoke to you?

Yes . . . . . . . . . 1 21/9
No . . . . . . . . . 2

do not define for R.

* do not read "don't know" categories to R.

3. Since we last interviewed you, have you, or anyone else living with you, used a disclosing tablet or not?

If R does not answer in words of a code - record verbatim - for example " we use crest "

| | | |
|---|---|---|
| Used disclosing tablet . . . . . . . . . . | 1 | 22/9 |
| Has not used disclosing tablet . . . . . | 2 | |
| Doesn't know what it is . . . . . . . . | 3 | |
| Don't know if anyone has used or not . . | 7 | |

4. Since we talked with you last, have you had your blood pressure checked?

do not define for respondent

| | | |
|---|---|---|
| Yes . . . (ASK A) . . . | 1 | 23/9 |
| No . . . . . . . . . . . | 2 | |

A. IF YES: Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

| | | |
|---|---|---|
| High . . . . . . . . . . | 1 | 24/9 |
| Low . . . . . . . . . . | 2 | |
| Normal . . . . . . . . . | 3 | |
| Not told anything . . . | 4 | |
| Don't know . . . . . . . | 7 * | |

5. Since we last talked with you, have you urged anyone else to have (his/her) blood pressure checked?

i.e. R encouraged someone else

| | | |
|---|---|---|
| Yes . . . . . . . . . . | 1 | 25/9 |
| No . . . . . . . . . . | 2 | |
| Don't know . . . . . . . | 7 * | |

6. Please tell me whether you agree or disagree with each of the following statements:

do not define for respondent

| | | Yes, agree | No, disagree | Don't know * | |
|---|---|---|---|---|---|
| A. | A woman who has already had one healthy child doesn't need much pre-natal care if she becomes pregnant again. Do you agree or disagree with that? | 1 | 2 | 7 | 26/9 |
| B. | It takes less time to steam vegetables than to boil them. | 1 | 2 | 7 | 27/9 |
| C. | A person who goes to a psychologist or psychiatrist to help solve his problems is basically a weak person. | 1 | 2 | 7 | 28/9 |
| D. | Much of the work a doctor does can be done by specially trained personnel who are not doctors. Do you agree or disagree? | 1 | 2 | 7 | 29/9 |
| E. | Unless you exercise off all the calories you eat each day, you will gain weight. | 1 | 2 | 7 | 30/9 |
| F. | A person can have high blood pressure and not know it. | 1 | 2 | 7 | 31/9 |
| G. | People who do regular exercise have fewer heart attacks than people who don't. | 1 | 2 | 7 | 32/9 |
| H. | Eggs contain a lot of cholesterol. Do you agree or disagree? | 1 | 2 | 7 | 33/9 |
| I. | Parents can always tell if their child has a hearing problem. | 1 | 2 | 7 | 34/9 |

do not define for R.

do not define for R.

* do not read "don't know" categories to R.

7. For each of the following ideas about sickness and health, please tell me if you mostly agree or mostly disagree. The first one is . . .

| | Mostly agree | Mostly disagree | * Don't know | |
|---|---|---|---|---|
| A. No matter how careful a person is, he has to expect a good deal of illness in his lifetime. | 1 | 2 | 7 | 35/9 |
| B. Being healthy is mainly a matter of how well you look after yourself. | 1 | 2 | 7 | 36/9 |
| C. There's not much a person can do to keep from getting sick. | 1 | 2 | 7 | 37/9 |

8. If breast cancer is detected early, do you think the chance of recovery is . . .

very good . . . . . . . . 1 38/9
fair . . . . . . . . . . 2
or poor? . . . . . . . . . 3
Don't know . . . . . 7 *

9. How important do you think it is for one's health to exercise regularly. Is it . . .

very important . . . . 1 39/9
somewhat important . . 2
or not important? . . . . 3

10. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

IF R was in bed two days, record "02" → DAYS: 0 2 40-41/99

PAY SPECIAL ATTENTION TO THIS INSTRUCTION - SEE LABEL ON FACE SHEET FOR SAM

IF RESPONDENT IS "INDUCED VIEWER" (SAMPLE 1), ASK Q's. 11-21. OTHERS, SKIP TO Q. 22. num

I would like to ask you about the first three programs on Feeling Good. They were on between November 20th and December 8th.

11. Did you see all three programs, only two, one, or none?

Three . . . . . . . . . . . . . . . . . . . . 1 42/9
Two . . . . . . . . . . . . . . . . . . . . . 2
One . . . . . . . . . . . . . . . . . . . . . 3
None . . . . . . (SKIP TO Q. 23) . . . . 4
Saw, but don't know how many . . . . . . 5

We're interested in seeing how much people remember about the TV shows they watch.

12. In the Feeling Good program, is Mac's place . . .

a doctor's office . . . . . . . 1 43/9
a place where you can get something to eat, or . . . . 2
a store for men's clothing and shoes? . . . . . . . . . 3
Don't know . . . . . . . . . . . 7 *

* do not read "don't know" categories to R.

13. In the first program, Mac went to the doctor after he hurt his back. How long had it been since he had seen a doctor before that? Was it . . .

less than a year ago . . . . . . . . . . . . . . 1 44/9
between a year and less than 3 years ago . . 2
between 3 and less than 5 years ago . . . . 3
between 5 and 10 years ago, or . . . . . . . 4
longer than that? . . . . . . . . . . . . . . 5
Don't know . . . . . . . . . . . . . . . . . 7 *
Didn't see first program . . . . . . . . . . 8

"don't know" means R saw but can't remember — Don't know

---

14. In the second show, Melba, the dancer and her husband, Jason, a doctor, have an argument. Was the argument about . . .

how to spend their money or . 1 45/9
spending the evening of their anniversary together, or . . 2
about what kind of furniture to buy for their apartment? . 3
see Q. 13 — Don't know . . . . . . . . . . . 7 *
Didn't see second program . . . 8

---

15. In the third show, Hank keeps coming in to Mac's Place, completely exhausted. Is he exhausted because he . . .

started to do too much exercise too fast, . . . . . . . . . . . . 1 46/9
didn't sleep well the night before, or . . . . . . . . . . . . 2
because he heard very upsetting news about someone he loved? . . . 3
see Q. 13 — Don't know . . . . . . . . . . . . 7 *
Didn't see third program . . . . . . 8

---

16. Sometimes when people watch a television program, they stop watching for awhile because of a telephone call, an unexpected visit from a neighbor, or something like that. How about you--thinking of the first three programs--when you watched them, did you . . .

usually watch each program completely . . . . . . . . . . . . 1 47/9
usually watch most of it . . . . . . 2
about half of it, or . . . . . . . . 3
less than that? . . . . . . . . . . 4
Don't know . . . . . . . . . . . . . 7 *

17. When you watched the Feeling Good programs, did you usually watch by yourself, or did someone else usually watch with you?

| | | |
|---|---|---|
| Watched by herself . . | 1 | 48/9 |
| Watched with others . . | 2 | |

---

18. Did you talk to anyone about the things you saw in the programs, or not?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . | 1 | 49/9 |
| No . . . . . . . . . . . . | 2 | |

---

19. Did you suggest to anyone who hadn't seen the program, to watch it?

| | | |
|---|---|---|
| Yes . . . (ASK A) . . . | 1 | 50/9 |
| No . . . . . . . . . . . . | 2 | |

A. IF YES: Who was that? CODE AS MANY AS APPLY.

| | | |
|---|---|---|
| Husband . . . . . . . . . . . . . . | 1 | 51/9 |
| Respondent's child(ren) . . . . | 2 | 52/9 |
| Other relative(s) . . . . . . . . | 3 | 53/9 |
| Neighbor(s) or friend(s) . . . | 4 | 54/9 |

---

20. What did you like best about the Feeling Good programs? PROBE FOR CLARITY. RECORD VERBATIM.

---

21. What did you like least about the programs? PROBE FOR CLARITY ONLY. RECORD VERBATIM.

NOTE !

NOW SKIP TO Q. 23

NOTE INSTRUCTION: Q22 is for SAMPLE II ONLY.
SEE LABEL-ON FACE SHEET FOR SAMPLE NUME

DECK 1

IF INDUCED NON-VIEWER (SAMPLE 2), ASK Q. 22.

22. In the last 4 weeks or so, have you watched any adult programs on Channel 13 (KERA) at all?

| | | |
|---|---|---|
| Yes . . . (ASK A-C) . . | 1 | 55/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

IF YES:

A. Have you watched Masterpiece Theatre?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . | 1 | 56/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

B. Have you watched Behind the Lines?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . | 1 | 57/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

C. Have you watched Feeling Good?

| | | |
|---|---|---|
| Yes . . . [ASK (1)] . . | 1 | 58/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

(1) IF YES TO C: How many times have you watched it?

Times: ☐☐ 59-60/99

---

ASK EVERYONE: -THAT IS- ALL RESPONDENTS IN SAMPLE I & SAMPLE II

23. Last week was the head of your household working, going to school, keeping house, or what? IF MORE THAN ONE RESPONSE, GIVE PREFERENCE TO CODES IN NUMERICAL ORDER--FROM LEAST TO HIGHEST NUMBERS. CODE ONE ONLY.

NOTE!

FOR EXAMPLE:

IF RESPONDENT IS WORKING and GOING TO SCHOOL, CODE "WORKING"..."01"

| | | |
|---|---|---|
| Working . . . . . . . . . . . . . | 01 | 61-62/99 |
| With a job, but not at work because of temporary illness . . | 02 | |
| With a job, but not at work because of vacation . . . . . . | 03 | |
| Unemployed, laid off, looking for work . . . . . . . . . . . | 04 | |
| Retired . . . . . . . . . . . . . | 05 | |
| In school . . . . . . . . . . . . | 06 | |
| Keeping house . . . . . . . . . . | 07 | |
| Disabled or handicapped . . . . . | 08 | |
| Other (SPECIFY) ______________ | 09 | |

---

Thank you very much for your help!

### FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER LEAVING RESPONDENT

A. Time ended: ____________________ AM
PM

---

B. Total length of interview: ☐☐ MINUTES 63-64/

---

C. Date of interview: ☐☐ (Month) ☐☐ (Day) 65-68/

---

D. In general, respondent's attitude toward the interview was . . .

| | | |
|---|---|---|
| Friendly and eager . . . . . . . . . . | 1 | 69/ |
| Cooperative but not particularly eager . | 2 | |
| Indifferent and bored . . . . . . . . . | 3 | |
| Hostile . . . . . . . . . . . . . . . . | 4 | |

---

E. Respondent's understanding of the questions was . . .

| | | |
|---|---|---|
| Good . . . . . . . . | 1 | 70/ |
| Fair . . . . . . . . | 2 | |
| Poor . . . . . . . . | 3 | |

---

F. Interviewer's I.D. # ☐☐☐☐☐ 71-75/

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G. Interviewer's signature: ______________________________________

# NATIONAL OPINION RESEARCH CENTER

UNIVERSITY OF CHICAGO

DALLAS HEALTH SURVEY

## ADMINISTRATIVE SPEX
## WAVE II

DECEMBER 7-20, 1974

## DALLAS HEALTH SURVEY-WAVE II

**GENERAL**

For Wave II of this survey, we will be talking to 125 respondents from Sample I (induced-or paid-viewers) and also 30 respondents from Sample II (induced-or paid-non-viewers). It is very easy for you to distinguish between samples. Sample I respondents will have a yellow face sheet; those in Sample II will have a white face-sheet.

For all respondents with telephones, we will conduct the interview by phone. Those without phones will be interviewed in person.

**FIELD PERIOD**

The field period for Wave II begins on Saturday, December 7, and ends on Wednesday, December 20. With such a small sample we should have most of the work done within the first week. In that way, there will be time for the problem cases, should any occur.

### Telephone Interviews

**YOUR MANNER**

Since you will not interview the same people that you talked to in November, your telephone manner will be very important on this wave. We will be talking to these Wave II people for every wave of the study so we want to keep their good will. Remember that the respondent cannot see your face - she can only hear your voice, so try to sound pleasant and friendly and always be polite and patient. If you find you are in a hurry or upset - stop for a minute and relax before going on to the next respondent.

**BEGINNING YOUR ASSIGNMENT**

Before you begin telephoning, collect all your materials-questionnaires, face sheets and spex; have some extra pencils handy (sharpened #2 please!) and perhaps some scratch paper in case you need it. Sort your assignment by sample so that if you have respondents from Sample I, you can do those first without getting confused. Note inside the questionnaire whether you are to ask questions 11-21 (sample I) or Q 22 (sample II). Do not forget to ask Q 23 of everyone.

Plan on setting aside a block of time when you won't be disturbed and then call your respondents one after another. If a respondent is not home, ask for a good time to reach her and note that time on the face sheet. If no one answers, or the line is busy note that fact and go on to the next respondent. After you have gone through all your face sheets, go back to those people whose lines were busy and try them again. (At least you know that someone is home at that number). Then try the "no answers" again.

Make several attempts on every telephone case during the first weekend of the field period. Try at different times of the day and on different days as well. Weekends are a good time to catch people who work as well as women who are not employed.

When you make a telephone contact, use the introduction on the face sheet and ask for the respondent by name. You don't need to go into lengthy explanations about the study with members of the respondent's family. If she is unavailable, ask when she will be home and then thank your informant. Be sure to note down what time to call again and then follow up on the case. If you know that your respondent will be home at 6, call at 6. She will probably be expecting you!

At the end of the questionnaire for Wave II you might want to remind these respondents that they will all receive their first payment some time in January, $20 for Sample I respondents, and $5.00 for Sample II respondents. Also tell them that we will be contacting them again at about the same time for another interview and encourage our Sample I respondents to continue to watch "Feeling Good" on channel 13: Wednesday evenings at 7:00 p.m., Sundays at 10:30 p.m., Tuesdays at 2:30 p.m., and Thursdays at 12:15 p.m.

**PROBLEM CASES**

What if the phone is out of order or disconnected? What about wrong numbers? First, verify that you have dialed correctly. Ask the party who answers if you have reached _______ (read the number you are dialing). If indeed it is a bad number, report the case to Pat Proulx and she will tell you what to do next. DO NOT DELAY IN REPORTING PROBLEM CASES! We need all the time we can get to follow up on the difficult cases so that they, too, can be finished before the end of the field period.

If the respondent does not immediately remember the first interview, remind her that she was contacted several weeks ago, and was asked questions about health. Sample I respondents were asked to watch "Feeling Good" on channel 13 on Wednesday evenings. They were promised $50 for their participation. Sample II respondents were promised $20 if they agreed to participate in a series of interviews about health. It is possible that you may have the wrong person - ask if there are two people named "Mary Smith" in the household. If not, thank the person with whom you are speaking and report the problem to Pat Proulx. You may have been given an incorrect number and Pat will be able to straighten out such difficulties.

**"FEELING GOOD"**

When you are introducing the study be careful not to discuss the contents of the "Feeling Good" shows with the respondent. Part of the object of the survey is to see how much information people retain from the T.V. series and you don't want to give them answers to questions you might be about to ask.

With Sample II respondents be very careful not to mention "Feeling Good". If they should happen to bring it up note that fact in the margin of the quex once you begin, or else on the face sheet if the respondent mentions it earlier.

**HEALTH INFORMATION**

As noted in the Wave I Administration Specifications, you must not give any health information to the respondent. This may be a bit difficult, but remember that if people really need help, you can always refer them to the Dallas Information Referral Service number which is 742-4385. If, during the interview, the respondent asks you what a medical term means, again, do not give her any information. (We are interested in what she knows from her own sources - not from you!). You can always say something like:

> "I'm not quite sure what it means myself,
> so whatever you think it means"
> or
> "I wasn't given an explanation of that word,
> so I can't explain it to you."

## General Interviewing Techniques

**DON'T KNOW RESPONSES**

Throughout the Q by Q Spex you are instructed not to read "don't know" responses to the respondent. Be very careful about this. If a respondent should happen to say "I don't know", give her a gentle probe such as "well, in general ....." or "From what you've heard ...." You might also try repeating the question slowly to be sure she understands it. As on all N.O.R.C. interviews, a "don't know" response should always be probed once unless you are instructed to the contrary.

**READING THE QUESTIONS**

Always read the questions word for word - do not add words or change them in any way. We want to ask all our respondents the same questions using the same words.

### EDITING YOUR OWN WORK

When you have finished an interview, take a minute or two and edit it before going on to the next respondent. Be sure that all the necessary questions have been asked, that you have followed correct skip patterns, that codes are circled completely, that any verbatim responses are legible. Write out abbreviations and correct any spelling errors. Always edit in pen if you interviewed in pencil. Never use red or green pens or pencils - These colors are reserved for the coding department. If you happen to have made an error, line it out and note "I.E." for interviewer error. If the respondent changed her mind, line out the incorrect response and note "R.E." for respondent error.

### REPORTING

Everyone is to report to Pat Proulx on Tuesday, December 10. Give her the case numbers for all completed cases and be prepared to discuss all the other cases assigned to you. As noted earlier, we expect that all telephone respondents will have been contacted, or at least attempted, several times by Tuesday. Of course, if you have had difficulites with cases, you should have reported to Pat about these problems on the day that they occurred.

### CASES WITH NO PHONE NUMBERS

Some of you will be given assignments of cases that require a personal visit because there is no phone at the household. It is extremely important that you begin work on these cases immediately. A contact must be made on these cases over the first weekend. If the respondent is not at home, find out when she will be available. If no one answers at the household, check with neighbors to see if the respondent lives at that address and when she is likely to be home. Leave a note with the respondent giving your name and phone number and the time that you called. If you are able to obtain information about when the respondent will be home, be sure to come back then. If you can obtain no information, make up to two more calls at different times of the day and on different days of the week. For example, if the respondent is not home on Saturday morning, you might try again around 6 pm on Saturday or else Sunday afternoon, then again on Monday evening between 6:30 and 8:00 p.m. Try to find out if your respondent works and what time she usually comes home. Maybe a call on Monday in the early afternoon will fit her schedule best. If your schedule conflicts with the respondent's schedule, call Pat Proulx immediately so that she can re-assign the case. Don't wait until you and the respondent can arrange something. Interviewers with field assignments (cases requiring personal calls) must also report to Pat Proulx on Tuesday, December 10.

We hope that all of you have had a chance to watch "Feeling Good." The first show was really exciting and promises that the whole series will be entertaining as well as informative! Our respondents in Sample I will no doubt be very pleased that they are participating in such an interesting survey.

Don't forget to eat plenty of leafy green vegetables!

**CONFIDENTIAL**

National Opinion Research Center
University of Chicago

Survey 4208
1/75

fill in case #
and sub-sample
from label on
face sheet

☐ - ☐☐☐ 1-5
**CASE #**

**SUB-SAMPLE** ☐ 6

**WAVE** 3 7

## DALLAS HEALTH SURVEY

## WAVE III

**Field Period: February 6 - February 24**

Q x Q SPEX

TIME: ______________ AM
PM

1. First, would you say that in general, your health is . . .

| | | |
|---|---|---|
| excellent, . . . . . . . . . . . . . . . | 1 | 08/9 |
| good,. . . . . . . . . . . . . . . . . . | 2 | |
| fair, or . . . . . . . . . . . . . . . . | 3 | |
| poor?. . . . . . . . . . . . . . . . . . | 4 | |

---

2. In the past month, how many days did you have to stay in bed, indoors or away from your usual activities because of illness or injury?

DAYS: ☐☐ 09-10/99

---

3. Last week, was the head of your household working, going to school, keeping house or what? IF MORE THAN ONE RESPONSE, GIVE PREFERENCE TO CODES IN NUMERICAL ORDER--FROM LEAST TO HIGHEST NUMBERS. CODE ONE ONLY.

| | | |
|---|---|---|
| Working. . . . . . . . . . . . . . . . . . . . . . | 01 | 11-12/99 |
| With a job, but not at work because of temporary illness. . . . . . . . . . . . . . . . . . . . | 02 | |
| With a job, but not at work because of vacation . . . . . . . . . . . . . . . . . . . . | 03 | |
| Unemployed, laid off, looking for work . . . . . . | 04 | |
| Retired. . . . . . . . . . . . . . . . . . . . . . | 05 | |
| In school. . . . . . . . . . . . . . . . . . . . . | 06 | |
| Keeping house. . . . . . . . . . . . . . . . . . . | 07 | |
| Disabled or handicapped. . . . . . . . . . . . . . | 08 | |
| Other (SPECIFY)________________________________ | 09 | |

for example:

if R says that she is keeping house (07) but also has a job from which she is laid off (04) for a few weeks, code "04" - "laid off".

do not read these categories to R

4. I'm going to read some statements. For each one, please tell me whether you agree or disagree with it.

do not define terms for R.

| | Yes, Agree | No, Disagree | Don't know | Don't know what it means | | |
|---|---|---|---|---|---|---|
| A. The first one is --- If eaten at one meal, a large amount of food prepared with wine or liquor can make you drunk. | 1 | 2 | 7 | 8 | | 13/9 |
| B. Eggs contain a lot of cholesterol. Do you agree or disagree? | 1 | 2 | 7 | 8 | (SKIP TO F) | 14/9 |
| C. Eating foods high in cholesterol won't hurt you. | 1 | 2 | 7 | 8 | | 15/9 |
| D. Margerine contains more cholesterol than butter. (Do you agree or disagree?) | 1 | 2 | 7 | 8 | | 16/9 |
| E. There is a lot of cholesterol in green leafy vegetables. | 1 | 2 | 7 | 8 | | 17/9 |
| F. Alcoholism is easier to treat in its later stages when symptoms are more definite. | 1 | 2 | 7 | 8 | | 18/9 |
| G. When a doctor orders treatment, a patient has the right to say she does not want it. Do you agree or disagree? | 1 | 2 | 7 | 8 | | 19/9 |
| H. It is not important to prepare a child in advance for a new baby brother or sister. | 1 | 2 | 7 | 8 | | 20/9 |
| I. All women, regardless of their age and number of children, should have a pap smear test. | 1 | 2 | 7 | 8 | (SKIP TO K) | 21/9 |
| J. The pap smear is a test for pregnancy. | 1 | 2 | 7 | 8 | | 22/9 |
| K. A woman who has already had one healthy child doesn't need much prenatal care if she becomes pregnant again. | 1 | 2 | 7 | 8 | | 23/9 |
| L. It doesn't really matter what you eat. If you're going to be healthy, you'll be healthy anyway. (Do you agree or disagree?) | 1 | 2 | 7 | 8 | | 24/9 |
| M. Cigarette smoking increases the chance of heart attack. | 1 | 2 | 7 | 8 | | 25/9 |

do not define terms for R

do not read these categories to R

4. Continued

do not define terms for R

| | Yes, Agree | No, Disagree | Don't know | Don't know what it means | |
|---|---|---|---|---|---|
| N. A person can have high blood pressure and not know it. | 1 | 2 | 7 | 8 | 26/9 |
| O. Babies should be talked to in baby talk so they can understand it better. | 1 | 2 | 7 | 8 | 27/9 |
| P. A pregnant woman should cut down on the amount of salt she eats. | 1 | 2 | 7 | 8 | 28/9 |
| Q. The effects of cigarette smoking on the body can be reversed when the person quits smoking. | 1 | 2 | 7 | 8 | 29/9 |
| R. Heart disease tends to run in some families. Do you agree or disagree? | 1 | 2 | 7 | 8 | 30/9 |
| S. Not much can be done outside a hospital for a person who has a heart attack. (Do you agree or disagree?) | 1 | 2 | 7 | 8 | 31/9 |
| T. Even if you see a dentist regularly and take care of your teeth, you cannot expect them to last a lifetime. | 1 | 2 | 7 | 8 | 32/9 |
| U. Besides watching your diet, there's not much you can do to prevent heart attacks. | 1 | 2 | 7 | 8 | 33/9 |
| V. It is good for your health to eat the skin of turkey or chicken. | 1 | 2 | 7 | 8 | 34/9 |

Now, for a different question:

5. If someone with a drinking problem asks a close relative for money to pay bills, should the relative . . .

give him the money, or . . . . . . . . . . 1 35/9

not give him the money? . . . . . . . . . 2

sub-sample 1 - see label on face sheet

6. I'd like to ask you now about some things you may or may not have done since the last time we spoke with you in (the middle of November/[✓ December]).

n.i time frame for all of Q.6

| | | Yes | No | Don't know | IF VOLUNTEERED: Started before last interview | |
|---|---|---|---|---|---|---|
| A. | Since the last time we spoke with you, have you started a regular program of exercise for yourself? | 1 | 2 | 7 | 3 | 36/9 |
| B. | Have you made a special effort to eat more fresh fruit? | 1 | 2 | 7 | 3 | 37/9 |
| C. | Have you had a dental checkup since the last time we talked with you? | 1 | 2 | 7 | | 38/9 |
| D. | Had a Pap smear test (since the last time we talked with you)? | 1 | 2 | 7 | | 39/9 |
| E. | Since we last talked with you, have you had a doctor examine your breasts? | 1 | 2 | 7 | | 40/9 |
| F. | Have you examined your own breasts? | 1 | 2 | 7 | | 41/9 |
| G. | Have you asked a doctor to teach you how to examine your own breasts since we last talked with you? | 1 | 2 | 7 | | 42/9 |
| H. | Since we last spoke with you, have you had a routine physical checkup when nothing was bothering you and you didn't need one because of a job or anything like that? | 1 | 2 | 7 | | 43/9 |
| I. | Since we last spoke with you, have you asked or written for some information about health that was offered on TV? | 1 | 2 | 7 | | 44/9 |

---

7. Do you have the telephone number of the Poison Control Center written down somewhere?

Yes . . . (ASK A) . . . 1 — 45/9
No . . . . . . . . . . . 2

A.. IF YES: Is it near the telephone?

Yes . . . . . . . . . . . 1 — 46/9
No . . . . . . . . . . . 2

---

8. Since we talked with you last, have you had your blood pressure checked?

Yes . . . (ASK A) . . . 1 — 47/9
No . . . . . . . . . . . 2

do not define terms for R.

A. IF YES: Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

High . . . . . . . . . 1 — 48/9
Low . . . . . . . . . 2
Normal . . . . . . . . 3
Not told anything . . 4
Don't know . . . . . . 8

9. Since we last talked with you, have you urged anyone else to have his or her blood pressure checked?

not define Terms for R

| | | |
|---|---|---|
| Yes | 1 | 49/9 |
| No. | 2 | |
| Don't know. | 3 | |

---

10. Do you have a child in your household under age 6?

pay attention to skip instructions! →

| | | |
|---|---|---|
| Yes (ASK A-D) | 1 | 50/9 |
| No (SKIP TO Q.11) | 2 | |

IF YES:

A. Since we talked with you last, have you made any special effort to keep poisonous or harmful materials out of the reach of small children?

| | | |
|---|---|---|
| Yes | 1 | 51/9 |
| No. | 2 | |

B. Since that time, have you made an effort to cut down on the amount of cake, cookies, candy and other sweets your children eat?

| | | |
|---|---|---|
| Yes | 1 | 52/9 |
| No. | 2 | |

C. Since ~~that time,~~ have you taken your oldest child under age 6 for shots or immunizations?

do not define for R

| | | |
|---|---|---|
| Yes | 1 | 53/9 |
| No. | 2 | |
| Had all in the past | 3 | |

D. Do you have a child under age 6 who has not yet started school?

| | | |
|---|---|---|
| Yes (ASK [1] & [2]). | 1 | 54/9 |
| No | 2 | |

IF YES TO D:

[1] Have you taken your oldest pre-school child in for a vision test since we last spoke to you?

do not define for R

| | | |
|---|---|---|
| Yes. | 1 | 55/9 |
| No | 2 | |
| Did it in the past | 3 | |

[2] Have you taken your oldest pre-school child in for a hearing test since we last spoke to you?

| | | |
|---|---|---|
| Yes. | 1 | 56/9 |
| No | 2 | |
| Did it in the past | 3 | |

NOTE THIS INSTRUCTION! see label on face sheet for sample #

IF RESPONDENT IS "INDUCED VIEWER" (SAMPLE 1), ASK Q'S. 11-25.
OTHERS, SKIP TO Q. 26.

Now I would like to ask you about the Feeling Good programs that have been shown since November 20th.

11. Did you see all eleven programs, most of them, about half, only a few, or none?

All eleven . . . . . 1 57/9
Most . . . . . . . . . 2
About half . . . . . 3
Only a few . . . . . 4
Saw but don't know how many . . . . . 5
GO TO Q. 12
None (THANK RESPONDENT AND END INTERVIEW). 6

---

12. Sometimes when people watch a television program, they stop watching for awhile because of a telephone call, an unexpected visit from a neighbor, or something like that. How about you--thinking of the Feeling Good programs you watched since the beginning of December--when you watched them, did you . . .

usually watch each program completely. . 1 58/9
usually watch most of it . . . . . . . . 2
about half of it, or . . . . . . . . . . 3
less than that?. . . . . . . . . . . . . 4
DON'T KNOW . . . . . . . . . . . . . 7

---

13. When you watched the Feeling Good programs since the beginning of December, did you usually watch by yourself, or did someone else usually watch with you?

Watched by herself. . . . . . 1 59/9
Watched with others . . . . . 2

14. Did you talk to anyone since that time about the things you saw in the programs, or not?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . . . . | 1 | 60/9 |
| No. . . . . . . . . . . . . . . . | 2 | |

---

15. Did you suggest to anyone who hadn't seen the program, to watch it?

| | | |
|---|---|---|
| Yes (ASK A) . . . . . . . . . . | 1 | 61/9 |
| No. . . . . . . . . . . . . . . . | 2 | |

A. IF YES: Who was that? CODE AS MANY AS APPLY.

| | | |
|---|---|---|
| Husband . . . . . . . . . . . . | 1 | 62/9 |
| Respondent's child(ren) . . . | 2 | 63/9 |
| Other relative(s) . . . . . . | 3 | 64/9 |
| Neighbor(s) or friend(s). . . | 4 | 65/9 |

---

We know that when we watch television, some things remain with us more than others, and each one of us remembers different things. I'm going to mention some things that were shown on the Feeling Good programs and ask you a few questions.

16. In one of the Feeling Good shows, a man is shown on death row being served his last meal. As you remember it, was the food he ordered . . .

do not define terms for R

| | | |
|---|---|---|
| a balanced meal, or . . . . . . . . . | 1 | 66/9 |
| high in saturated fat and cholesterol, or . . . . . . . . . . . | 2 | |
| bread and water only? . . . . . . . . | 3 | |
| DIDN'T SEE THAT SHOW. . . . . . | 4 | |
| DON'T REMEMBER. . . . . . . . . | 7 | |

do not read these categories TO R

---

17. In another show, the waitress' little boy, Felipe, spends the morning with her in Mac's place. At one point in the show, he goes into the back room and rummages around. Later he gets sick and everyone worries about what he might have eaten and he is taken to the doctor. As you remember it, did the doctor say . . .

| | | |
|---|---|---|
| that Felipe ate too much, or. . . . . | 1 | 67/9 |
| that he had swallowed poison, or. . . | 2 | |
| that he was allergic to chocolate?. . | 3 | |
| DIDN'T SEE THAT SHOW. . . . . . | 4 | |
| DON'T REMEMBER. . . . . . . . . | 7 | |

do not read these categories TO R

18. In the Christmas show of Feeling Good, the older woman, Mrs. Stebbins, who is a regular customer in Mac's Place is . . .

happy because she bought a new dress, or . . . . . . . . . . . . . . 1 68/9
sad because someone in her family recently died, or . . . . . 2
is lonely and sad because she doesn't have her family near her at Christmas time?. . . . . . . . . . 3
DIDN'T SEE THAT SHOW. . . . . . 4
DON'T REMEMBER. . . . . . . . . 7

do not read these categories to R.

---

19. On the New Year's Day show of Feeling Good, Mac's brother Charlie comes to visit Mac in Mac's Place. Did he come because . . .

he had a late Christmas present to give to Mac, or . . . . . . . . . 1 69/9
he had spent all his money on liquor and needed more money, or. . 2
because he wanted to help Mac clean the store?. . . . . . . . . . 3
DIDN'T SEE THAT SHOW. . . . . . 4
DON'T REMEMBER. . . . . . . . . 7

do not read these categories to R.

---

20. In one of the Feeling Good shows, Mac is talked into buying something. As you remember it, was he talked into buying . . .

shares on the stock market, or . . . 1 70/9
some land in Florida, or . . . . . . . 2
a new car? . . . . . . . . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . 4
DON'T REMEMBER . . . . . . . . . 7

do not read these categories to R.

---

21. In one of the Feeling Good shows, Melba, the dancer, has an appointment with an insurance man to find out about health insurance. As you remember it, does she . . .

buy the health insurance right away from the insurance man, or . . . . . . . . . . . . . 1 71/9
decide to shop around to see what different policies offer before she makes up her mind her mind, or . . . . . . . . . . . . . . . . . . 2
does she decide it isn't necessary to have a health insurance policy? . . . . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . . . . . . 4
DON'T REMEMBER . . . . . . . . . . . . . . 7

do not read these categories to R.

22. In one of the shows, Felipe, the waitress's little boy, was being prepared for something. Was it for . . .

do not define for R

| | | |
|---|---|---|
| a trip to his grandmother's . . . | 1 | 72/9 |
| his first day in school, or . . . | 2 | |
| going to the hospital to have his tonsils removed? . . | 3 | |

---

23. In the last show, Jason, the doctor, and his wife, Melba, convince Melba's cousin to train for a job. Is the job . . .

| | | |
|---|---|---|
| in a school . . . . . . . . . . . . | 1 | 73/9 |
| in a hospital, or . . . . . . . . . | 2 | |
| in the theatre? . . . . . . . . . . | 3 | |

---

24. What did you like best about the Feeling Good programs you've seen so far? RECORD FIRST RESPONSE. DON'T PROBE.

---

25. What did you like least about the programs? RECORD FIRST RESPONSE. DO NOT PROBE.

THANK R + END INTERVIEW

NOTE THIS INSTRUCTION!

BEGIN DECK 2

see label on face sheet for sample #

IF NON-VIEWER (SAMPLE 2 OR SAMPLE 3), ASK Q. 26.

26. In the last 6 weeks or so, have you watched any adult programs on Channel 13 (KERA) at all?

| | | |
|---|---|---|
| Yes (ASK A-C) . . . . . . . . . . | 1 | 08/9 |
| No. . . . . . . . . . . . . . . . | 2 | |
| Don't know. . . . . . . . . . . . | 7 | |

IF YES:

A. Have you watched Masterpiece Theatre?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . . . . | 1 | 09/9 |
| No. . . . . . . . . . . . . . . . | 2 | |
| Don't know. . . . . . . . . . . . | 7 | |

B. Have you watched Behind the Lines?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . . . . | 1 | 10/9 |
| No. . . . . . . . . . . . . . . . | 2 | |
| Don't know. . . . . . . . . . . . | 7 | |

C. Have you watched Feeling Good?

| | | |
|---|---|---|
| Yes (ASK [1]) . . . . . . . . . . | 1 | 11/9 |
| No. . . . . . . . . . . . . . . . | 2 | |
| Don't know. . . . . . . . . . . . | 7 | |

[1] IF YES TO C: How many times have you watched it?

Times: ☐☐ 12-13/99

---

That's all for now. Thank you very much for your help!

be sure to turn page and fill in interviewer remarks!

## FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER LEAVING RESPONDENT

A. Time ended: ____________________ AM / PM

B. Total length of interview: ☐☐ MINUTES 14-15/

C. Date of interview: ☐☐ (Month) ☐☐ (Day) 16-19/

D. In general, respondent's attitude toward the interview was . . .

| | | |
|---|---|---|
| Friendly and eager . . . . . . . . . . . | 1 | 20/ |
| Cooperative but not particularly eager . | 2 | |
| Indifferent and bored . . . . . . . . . | 3 | |
| Hostile . . . . . . . . . . . . . . . . . | 4 | |

E. Respondent's understanding of the questions was . . .

| | | |
|---|---|---|
| Good . . . . . . . | 1 | 21/ |
| Fair . . . . . . . | 2 | |
| Poor . . . . . . . | 3 | |

F. Interviewer's I.D. # ☐☐☐☐☐ 22-26/

G. Interviewer's signature: ________________________________________

CONFIDENTIAL

Survey 4208
5/75

National Opinion Research Center
University of Chicago

SAMPLE I

PAID VIEWERS

Fill in case # and sub-sample from label on face sheet.

| | | |
|---|---|---|
| CASE # | ☐-☐☐☐☐ | 1-5 |
| SUB-SAMPLE | ☐ | 6 |
| WAVE | 5 | 7 |

## DALLAS HEALTH SURVEY

WAVE V

Field Period: May 22 - June 16, 1975

Q x Q SPEX

please write in time begun

1. First, I'd like to ask you about some things you may or may not have done since March 1st of this year.

do not define for R.

| | Yes | No | Don't know | IF VOLUNTEERED: Started before MARCH 1 | Does not apply | |
|---|---|---|---|---|---|---|
| A. Since March 1st, have you had a Pap smear test? | 1 | 2 | 7 | -- | -- | 08/9 |
| B. Have you urged anyone else to have a Pap smear test since March 1st? | 1 | 2 | 7 | -- | -- | 09/9 |
| C. Have you had a dental checkup since March 1st? | 1 | 2 | 7 | -- | -- | 10/9 |
| D. Have you had an eye examination? | 1 | 2 | 7 | -- | -- | 11/9 |
| E. Have you taken your oldest preschool child for a vision test since March 1st? | 1 | 2 | 7 | -- | 8 | 12/9 |
| F. Since March 1st, have you made any special effort to keep poisonous or harmful materials out of the reach of your small children? | 1 | 2 | 7 | 3 | 8 | 13/9 |
| G. Have you made a special effort to eat more fresh fruit since March 1st? | 1 | 2 | 7 | 3 | -- | 14/9 |
| H. Have you started a regular program of exercise for yourself since March 1st? | 1 | 2 | 7 | 3 | -- | 15/9 |

2. Since March 1st, have you had your blood pressure checked?

Yes. . . (ASK A) . . . 1 16/9

No . . . . . . . . . . . 2

Don't know . . . . . . . 7

do not define for R.

A. IF YES: Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

High . . . . . . . . . . 1 17/9

Low . . . . . . . . . . 2

Normal . . . . . . . . . 3

Not told anything . . 4

Don't know . . . . . . 7

3. Since March 1st, have you urged anyone else to have his or her blood pressure checked?

Yes . . . . . . . . . . 1 18/9

No . . . . . . . . . . . 2

Don't know . . . . . . . 7

Now I'm going to read some statements to you, and for each one tell me whether you agree or disagree. The first one is . . .

| | Agree | Disagree | Don't know | Don't know what it means | |
|---|---|---|---|---|---|
| A. Besides watching your diet, there's not much you can do to prevent heart attacks. | 1 | 2 | 7 | -- | 19/9 |
| B. Once a person has had a heart attack, he should do as little physical activity as possible. | 1 | 2 | 7 | -- | 20/9 |
| C. Only people who drink so much that they can't work can really be called "alcoholics." | 1 | 2 | 7 | -- | 21/9 |
| D. It is easier to cure a person of alcoholism if the person doesn't realize that he's an alcoholic. | 1 | 2 | 7 | -- | 22/9 |
| E. After a woman has had a breast removed because of cancer, she is still capable of having a normal sex life. | 1 | 2 | 7 | -- | 23/9 |
| F. People who do regular exercise have fewer heart attacks than people who don't. | 1 | 2 | 7 | -- | 24/9 |
| G. Taking tranquilizers is a good way of dealing with stress. | 1 | 2 | 7 | -- | 25/9 |
| H. Eggs contain a lot of cholesterol. — do not define for R | 1 | 2 | 7 | 8<br>(SKIP TO L) | 26/9 |
| I. Eating foods high in cholesterol won't hurt you. | 1 | 2 | 7 | -- | 27/9 |
| J. Margarine contains more cholesterol than butter. | 1 | 2 | 7 | -- | 28/9 |
| K. There is a lot of cholesterol in green leafy vegetables. | 1 | 2 | 7 | -- | 29/9 |
| L. Cigarette smoking increases the chance of heart attack. | 1 | 2 | 7 | -- | 30/9 |
| M. Heart disease tends to run in some families. | 1 | 2 | 7 | -- | 31/9 |
| N. It's not good to ask a doctor a lot of questions about your illness--he'll tell you what you need to know. | 1 | 2 | 7 | -- | 32/9 |
| O. Stress can be helpful as well as harmful. | 1 | 2 | 7 | -- | 33/9 |
| P. When a doctor orders treatment, a patient has the right to say she does not want it. | 1 | 2 | 7 | -- | 34/9 |
| Q. The last statement is: It is impossible to avoid stress in everyday life even if you are very careful. | 1 | 2 | 7 | -- | 35/9 |

5. When you are getting ready to speak to a doctor about yourself or someone else in the family, do you . Read categories to R.

try to memorize all the complaints and symptoms, . . . . . . . . . . . 1 36/9

write a list of the complaints and symptoms so you won't forget, or . 2

do you do something else? . . . . . 3

---

6. Some people say that doctors usually don't tell you enough about your conditions; they don't explain just what the trouble is. Do you think that is true of most doctors, or not?

True . . . (ASK A) . . 1 37/9

Not true . . . . . . . . 2

Don't know . . . . . . . 7

A. IF TRUE: When that happens to you, how often do you ask the doctor to tell you more about the condition . Read categories to R

all the time, . . . . 1 38/9

sometimes, or . . . . 2

never? . . . . . . . . . 3

---

7. For each of the following ideas about sickness and health, please tell me if you mostly agree or mostly disagree. The first one is . . .

| | Mostly agree | Mostly disagree | Don't know | |
|---|---|---|---|---|
| A. No matter how careful a person is, he has to expect a good deal of illness in his lifetime. | 1 | 2 | 7 | 39/9 |
| B. Being healthy is mainly a matter of how well you look after yourself. | 1 | 2 | 7 | 40/9 |
| C. There's not much a person can do to keep from getting sick. | 1 | 2 | 7 | 41/9 |

---

8. When do you think a child's eyes should first be checked . . . (READ CATEGORIES)

before the child is five years old . . 1 42/9

when the child is between five and seven years old, or . . . . . . . . . 2

when the child is between seven and ten years old? . . . . . . . . . . . . 3

DON'T KNOW . . . . . . . . . . . . . . . . 7

do not read to R.

9. How often do you think people over 35 should have their eyes checked for glaucoma . . . (READ CATEGORIES)

every six months . . . . . . . . . . . . . 1 43/9
every year, or . . . . . . . . . . . . . . 2
every 2 years? . . . . . . . . . . . . . . 3
do not read to R. { DON'T KNOW . . . . . . . . . . . . . . 7
DON'T KNOW WHAT IT MEANS . . . . . . . . 8

---

10. If a person has heart trouble, which one of these kinds of meat do you think is best for him to eat--beef, veal, lamb, or pork?

Beef . . . . . . . . . 1 44/9
Veal . . . . . . . . . 2
Lamb . . . . . . . . . 3
Pork . . . . . . . . . 4
Don't know . . . . . 7

---

11. How often do you think a woman should examine her own breasts for lumps . . . (READ CATEGORIES)

every week . . . . . . . 1 45/9
every month . . . . . . 2
every 6 months, or . . 3
every year? . . . . . . 4
do not read to R — DON'T KNOW . . . . . . 7

I'm going to read you a few more statements, and for each one tell me whether you agree r disagree. First . . .

| | | Agree | Disagree | Don't know | |
|---|---|---|---|---|---|
| 12. | Even with early detection and treatment, a large majority of women with breast cancer die from it. | 1 | 2 | 7 | 46/9 |
| 13. | A person who has diabetes in his family runs a greater risk of having glaucoma. | 1 | 2 | 7 | 47/9 |
| 14. | It's not important to give your doctor a complete description of your symptoms--he'll find out what's wrong with you when he examines you. | 1 | 2 | 7 | 48/9 |
| 15. | Most people who have had heart attacks can never again lead normal lives. | 1 | 2 | 7 | 49/9 |
| 16. | Parents who drink a lot are more likely to have children who drink a lot. | 1 | 2 | 7 | 50/9 |
| 17. | The doctor should help the patient describe his symptoms. | 1 | 2 | 7 | 51/9 |

do not define for R.

18. D you read newspaper items about health . . .

frequently . . . . . . . . . . . . . . . . 1 52/9
only occasionally, or . . . . . . . . . . 2
hardly ever? . . . (ASK A) . . . . . . . 3

A. IF HARDLY EVER: Is that because you . . .

don't read the newspapers much, or . . . . . 1 53/9
because you usually skip the health columns? . . . . . . . . . . . . . . . . . . . 2
Other (SPECIFY) ______________________ 3

---

19. Do you have any books or pamphlets on health that relate to adults that you refer to when you or anyone else in your household gets sick?

Yes . . . . . . . . . . 1 54/9
No . . . . . . . . . . 2
Don't know . . . . . . 7

---

20. How often do you discuss health matters with people you know . . .

often, . . . . . . . . 1 55/9
sometimes, or . . . . . 2
never? . . . . . . . . 3
DON'T KNOW . . . . . . 7

21. Have you ever asked a druggist or pharmacist for advice about what to do when someone in your family gets sick?

| | | |
|---|---|---|
| Yes . . . . . . . . . . | 1 | 56/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

---

22. Over the last six months, that is, since the first of the year, have you or anyone else in your household had . . .

don't explain or define fr. R.

| | Yes | No | Don't know | |
|---|---|---|---|---|
| A. heart trouble? | 1 | 2 | 7 | 57/9 |
| B. high blood pressure or hypertension? | 1 | 2 | 7 | 58/9 |
| C. hardening of the arteries? | 1 | 2 | 7 | 59/9 |
| D. a tumor, cyst or growth? | 1 | 2 | 7 | 60/9 |
| E. mental or emotional trouble? | 1 | 2 | 7 | 61/9 |
| F. cancer? | 1 | 2 | 7 | 62/9 |
| G. trouble with hearing? | 1 | 2 | 7 | 63/9 |
| H. trouble with seeing--even with glasses? | 1 | 2 | 7 | 64/9 |
| I. trouble with being very overweight or very underweight? | 1 | 2 | 7 | 65/9 |
| J. trouble due to too much drinking? | 1 | 2 | 7 | 66/9 |
| K. a lot of trouble with the teeth? | 1 | 2 | 7 | 67/9 |

---

23. When was the last time you had a routine physical check-up when nothing was bothering you and you didn't have to have one because of a job or anything like that--was it . . .

| | | |
|---|---|---|
| less than 3 months ago, . . . . . . . . . | 1 | 68/9 |
| between 3 and 6 months ago, . . . . . . . | 2 | |
| between 6 months and a year ago, . . . | 3 | |
| more than a year ago, or . . . . . . . | 4 | |
| have you never gone for a check-up when nothing was bothering you? (SKIP TO Q. 25) . . . . . . . . . . . . | 5 | |
| DON'T KNOW . . . . . . . . . . . . . . | 7 | |

24. About how often do you usually get a physical checkup even though you aren't sick, just to make sure everything is all right . . .

| | | |
|---|---|---|
| about every 3 months, . . . . . . | 1 | 69/9 |
| about every 6 months, . . . . . . | 2 | |
| about every year, . . . . . . . . | 3 | |
| or what? (SPECIFY) ______________ | 4 | |
| DON'T KNOW . . . . . . . . . . . . | 7 | |

---

25. Did you ever examine your own breasts for the presence of lumps?

| | | |
|---|---|---|
| Yes . . . . . . . (ASK A) . . . . | 1 | 70/9 |
| No . . . . (SKIP TO Q. 27) . . . . | 2 | |

A. IF YES: When did you start examining your breasts--was it . . .

| | | |
|---|---|---|
| within the last 3 months, . . . . . . . | 1 | 71/9 |
| between 3 and 6 months ago, . . . . . . | 2 | |
| between 6 months and a year ago, . . . | 3 | |
| between a year and 2 years ago, or . . | 4 | |
| longer ago than that? . . . . . . . . . | 5 | |
| DON'T KNOW . . . . . . . . . . . . . . | 7 | |

---

26. How did you first learn to examine your own breasts? CODE ONE ONLY.

| | | |
|---|---|---|
| From a doctor (Suggested by Doctor) . | 01 | 72-73/99 |
| From a doctor (Suggested by Respondent) . . . . . . . . . . . . | 02 | |
| From a nurse . . . . . . . . . . . . . | 03 | |
| From a friend . . . . . . . . . . . . . | 04 | |
| From television . . . . . . . . . . . . | 05 | |
| From a magazine . . . . . . . . . . . . | 06 | |
| Never learned, just do it . . . . . . | 07 | |
| Other (SPECIFY) ______________ | 08 | |
| Don't know . . . . . . . . . . . . . . | 97 | |

BEGIN DECK 02

. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

Days: ________ 08-09/99

---

10-15/R

Now, let's talk about Feeling Good.

28. Have you seen any of the new Feeling Good shows, the ones with Dick Cavett?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . . . . . | 1 | 16/9 |
| No . . . . (SKIP TO Q. 39) . . . | 2 | |

---

29. We'd like to know which Feeling Good shows you were able to watch during the last few weeks. If you want to, you can check the calendar we sent you. Let's begin with the week of May 4th. When did you watch Feeling Good during that week? CODE ONE ONLY.

*do not* tell R either the content of the program or the time it was on.

Show #205 (Breast Cancer)

| | | |
|---|---|---|
| Sunday, 5/4/75, 9:30 P.M. . . . . . . | 01 | 17-18/99 |
| Tuesday, 5/6/75, 2:30 P.M. . . . . . | 02 | |
| Thursday, 5/8/75, 12:15 P.M. . . . . | 03 | |
| Saw program but doesn't remember when . . . . . . . . . . . . . . . . | 07 | |
| Doesn't remember if saw or not . . . | 08 | |
| Didn't see program . . . . . . . . . . | 09 | |

---

30. How about the following week, that is, the week of May 11th? When did you watch Feeling Good during that week? CODE ONE ONLY.

*do not* tell R either the content of the program or the time it was on.

Show #206 (Stress)

| | | |
|---|---|---|
| Sunday, 5/11/75, 9:30 P.M. . . . . . | 01 | 19-20/99 |
| Tuesday, 5/13/75, 2:30 P.M. . . . . . | 02 | |
| Thursday, 5/15/75, 12:15 P.M. . . . . | 03 | |
| Saw program but doesn't remember when . . . . . . . . . . . . . . . . | 07 | |
| Doesn't remember if saw or not . . . | 08 | |
| Didn't see program . . . . . . . . . . | 09 | |

31. And when did you watch Feeling Good during the week of May 18th? CODE ONE ONLY.

do not tell R either the content of the program or the time it was on. If R missed the show on Sunday night (KERA changed the time from 9:30 to 7:00) record verbatim and code 09.

Show #207 (Dr./Patient Communications)

| | | |
|---|---|---|
| Sunday, 5/18/75, 7:00 P.M. . . . . . | 01 | 21-22/99 |
| Tuesday, 5/20/75, 2:30 P.M. . . . . . | 02 | |
| Thursday, 5/22/75, 12:15 P.M. . . . . | 03 | |
| Saw program but doesn't remember when . . . . . . . . . . . . . . . . | 07 | |
| Doesn't remember if saw or not . . . | 08 | |
| Didn't see program . . . . . . . . . . | 09 | |

---

32. Now I'm going to mention some things that were shown on recent Feeling Good programs and ask you a few questions about them.

In one Feeling Good show, a woman is searching for something in her house and it very angry because she can't find it. As you remember it, was she searching for . . .

| | | |
|---|---|---|
| a box of bandaids, . . . . . . . . . . . | 1 | 23/9 |
| a packgage of chicken parts, or . . . . | 2 | |
| a telephone directory? . . . . . . . . . | 3 | |
| DIDN'T SEE THAT SHOW . . . . . . . . . . | 4 | |
| DON'T REMEMBER . . . . . . . . . . . . . | 7 | |

---

33. In another show, Dick Cavett is served a meal by a French waiter. As you remember it, was the meal . . .

| | | |
|---|---|---|
| very high in saturated fat and cholesterol . . . . . . . . . . . . . . . | 1 | 24/9 |
| very low in saturated fat and cholesterol, or . . . . . . . . . . . . | 2 | |
| just a bunch of vitamin pills on a tray? . . . . . . . . . . . . . . . | 3 | |
| DIDN'T SEE THAT SHOW . . . . . . . . . . | 4 | |
| DON'T REMEMBER . . . . . . . . . . . . . | 7 | |

---

34. One of the Feeling Good shows begins with Dick Cavett in a museum. As you remember it, was the museum . . .

| | | |
|---|---|---|
| an art museum . . . . . . . . . . . . . . | 1 | 25/9 |
| a science museum, or . . . . . . . . . . | 2 | |
| a medical museum? . . . . . . . . . . . . | 3 | |
| DIDN'T SEE THAT SHOW . . . . . . . . . . | 4 | |
| DON'T REMEMBER . . . . . . . . . . . . . | 7 | |

In another show, a woman talks about how she was afraid that her operation would stop her from playing her musical instrument. As you remember it, was her instrument . . .

a piano, . . . . . . 1 26/9
a harp, or . . . . . 2
a violin? . . . . . . 3
DIDN'T SEE THAT SHOW. 4
DON'T REMEMBER . . . 7

---

36. In one episode of Feeling Good, Dick Cavett is sitting in a doctor's waiting room. As you remember it, what is he doing while he's waiting? Is he . . .

reading a magazine, . . . . . . . . . . . 1 27/9
doing a crossword puzzle, or . . . . . 2
talking to another patient? . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . . . . . 4
DON'T REMEMBER . . . . . . . . . . . . . 7

---

37. In another show, Dick Cavett says that every human being is like a giant ball. As you remember it, what kind of a ball was he talking about . . .

a rubber ball, . . . . . . . . . . 1 28/9
a football, or . . . . . . . . . . 2
a pinball? . . . . . . . . . . . . 3
DIDN'T SEE THAT SHOW . . . . . . 4
DON'T REMEMBER . . . . . . . . . . 7

---

38. Now I'd like to ask you about the old Feeling Good programs, the ones that were shown between November of last year and January of this year. Did you see all eleven of those programs, most of them, about half, only a few, or none?

All eleven . . . (SKIP TO Q. 40) . . . 1 29/9
Most. . . . . . . (SKIP TO Q. 40) . . . 2
About half . . . (SKIP TO Q. 40) . . . 3
Only a few . . . (SKIP TO Q. 40) . . . 4
Saw, but don't remember how many (SKIP TO Q. 40) . . . . . . . . . . . 5
None . . . . . . (SKIP TO Q. 44) . . . 6

follow skips carefully

---

39. Now I'd like to ask you about the old Feeling Good programs, the ones that were shown between November of last year and January of this year. Did you see all eleven of those programs, most of them, about half, only a few, or none?

All eleven . . . (SKIP TO Q. 44) . . . 1 30/9
Most . . . . . . (SKIP TO Q. 44) . . . 2
About half . . . (SKIP TO Q. 44) . . . 3
Only a few . . . (SKIP TO Q. 44) . . . 4
Saw, but don't know how many (SKIP TO Q. 44) . . . . . . . . . . . 5
None (SKIP TO INSTRUCTION BOX ABOVE Q. 48) . . . . . . . . . . . . . . . 6

follow skips carefully

40. As you know, Feeling Good was taken off the air for about 2 months during the winter. When it came back on in April, the new programs were different in several ways from the old ones. We'd like to ask you a few questions about some of the changes that were made.

First, let's talk about the length of the show. Do you prefer a half-hour show or an hour show?

| | | |
|---|---|---|
| Half-hour . . . . . | 1 | 31/9 |
| Hour. . . . . . . . . | 2 | |
| No preference . . . . | 7 | |

---

41. On the old Feeling Good show, each program was about several different topics, such as cancer, exercising, and heart attacks. On the new Feeling Good, each program is about only one topic, such as breast cancer. Which do you prefer--several topics on each program, or only one topic on each program?

| | | |
|---|---|---|
| Several . . . . . . . . | 1 | 32/9 |
| One . . . . . . . . . . | 2 | |
| No preference . . . . | 7 | |

---

42. The old Feeling Good show usually took place in a restaurant called Mac's Place, and the main characters were people who worked or ate at Mac's Place. On the new Feeling Good, Dick Cavett is the host, and he introduces the guests or the topic to be discussed. Which do you like better--Mac's Place or Dick Cavett?

| | | |
|---|---|---|
| Mac's Place . . . . . | 1 | 33/9 |
| Dick Cavett . . . . . | 2 | |
| No preference . . . . | 7 | |

---

43. On the whole, which version of Feeling Good did you prefer--the old one or the new one?

| | | |
|---|---|---|
| The old one . . . . . | 1 | 34/9 |
| The new one . . . . . | 2 | |
| No preference . . . . | 7 | |

---

44. Now think of all the Feeling Good shows you've seen since the program began. What do you think you've learned from these shows? RECORD VERBATIM. PROBE FOR CLARITY ONLY.

45. Again, think of all the Feeling Good shows you've seen. What have you liked most about Feeling Good? RECORD VERBATIM. PROBE FOR CLARITY ONLY.

---

46. What have you disliked most about Feeling Good? RECORD VERBATIM. PROBE FOR CLARITY ONLY.

---

47. Have you done anything new or anything differently as a result of watching Feeling Good? RECORD VERBATIM. PROBE FOR CLARITY ONLY.

FOLLOW THESE INSTRUCTIONS CAREFULLY!

ASK QS. 48 TO 54 ONLY FOR SUBSAMPLE 6.
(SEE LABEL ON FACE SHEET FOR SUBSAMPLE NUMBER)
OTHERS, SKIP TO Q. 55

Now for some background questions.

48. First, are you the head of the household?

| | | |
|---|---|---|
| Yes . . . . . . . . . . | 1 | 35/9 |
| No . . . (ASK A) . . | 2 | |

A. IF NO: What is the head of the household's name?

ENTER NAME ____________________

---

49. What was the last grade of regular school that you completed? CODE ONE ONLY.

| | | |
|---|---|---|
| No schooling . . . . . . . . . . . | 1 | 36/9 |
| 1st to 4th grade . . . . . . . . | 2 | |
| 5th to 7th grade . . . . . . . | 3 | |
| 8th grade . . . . . . . . . . . | 4 | |
| High school, incomplete (Grades 9, 10, or 11) . . . . . | 5 | |
| High school, complete (12th grade) . . . . . . . . . | 6 | |
| College, incomplete . . . . . . | 7 | |
| College, complete . . . . . . . | 8 | |

---

IF RESPONDENT IS *NOT* THE HEAD OF THE HOUSEHOLD, ASK Q. 50. OTHERS GO TO Q51.

50. What was the last grade (HEAD OF HOUSE) completed in school? CODE ONE ONLY.

| | | |
|---|---|---|
| No schooling . . . . . . . . . | 01 | 37-38/99 |
| 1st to 4th grade . . . . . . . | 02 | |
| 5th to 7th grade . . . . . . . | 03 | |
| 8th grade . . . . . . . . . . | 04 | |
| High school, incomplete (Grades 9, 10, or 11) . . . | 05 | |
| High school, complete (12th grade) . . . . . . . . | 06 | |
| College, incomplete . . . . . | 07 | |
| College, complete . . . . . . | 08 | |
| Don't know . . . . . . . . . . . | 97 | |

ASK EVERYONE

51. Last week was (HEAD OF HOUSEHOLD) working, going to school, keeping house, or what? IF MORE THAN ONE RESPONSE, CIRCLE THE CLOSEST TO THE TOP OF THE LIST. CODE ONE ONLY.

| | | |
|---|---|---|
| Working . . . . . . . . . . . . . | 01 | 39-40/99 |
| With a job, but not at work because of temporary illness | 02 | |
| With a job, but not at work because of vacation . . . . | 03 | |
| Unemployed, laid off, looking for work . . . . . . . . . | 04 | |
| Retired . . . (ASK A) . . . . | 05 | |
| In school . . (ASK A) . . . . | 06 | |
| Keeping house (ASK A) . . . . | 07 | |
| Disabled or handicapped (ASK A) . . . . . . . . . . | 08 | |
| Other (SPECIFY AND ASK A) ________________________ | 09 | |

A. IF RETIRED, IN SCHOOL, KEEPING HOUSE, DISABLED OR OTHER: Did (you/he/she) ever work for as long as one year?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . . . . . | 1 | 41/9 |
| No . . . . (SKIP TO Q. 53) . . . | 2 | |

---

52. A. What kind of work (does/did) (HEAD OF HOUSEHOLD) do? That is, what (is/was) (your/his/her) job called?

OCCUPATION: ________________________________________ 42-44/999

B. IF NOT ALREADY ANSWERED, ASK: What (does/did) (you/he/she) actually do on that job? Tell me, what (are/were) some of the main duties?

DUTIES: ________________________________________

C. What kind of place (is/was) that?

INDUSTRY: ________________________________________ 45-46/99

D. IF NOT ALREADY ANSWERED, ASK: What (do/did) they (make/do)?

________________________________________

be sure to obtain a complete job description!

53. For the purpose of our survey, we need to have a rough estimate of the total income of your household before taxes. This includes wages, pensions, welfare, or any other income for everyone who lives in your household. Now, was the total income of your household . . . READ EACH CATEGORY UNTIL YOU GET A "NO" ANSWER.

For example:

| | | Yes | No | |
|---|---|---|---|---|
| A. | $ 2,000 or more? . . . | [✓ X] | 01 | 47-48/99 |
| B. | $ 3,000 or more? . . . | [✓ X] | 02 | |
| C. | $ 4,000 or more? . . . | [✓ X] | 03 | |
| D. | $ 5,000 or more? . . . | [✓ X] | 04 | |
| E. | $ 6,000 or more? . . . | [✓ X] | 05 | |
| F. | $ 7,000 or more? . . . | X | [✓ 06] | |
| G. | $ 8,000 or more? . . . | X | 07 | |
| H. | $10,000 or more? . . . | X | 08 | |
| I. | $15,000 or more? | 10 | 09 | |
| | Don't know . . . . . . . . . . . . | | 97 | |
| | Refused . . . . . . . . . . . . . . | | 98 | |

---

Finally, what is your race? RECORD VERBATIM AND CODE.

| | | |
|---|---|---|
| White . . . . . . . . . | 1 | 49/9 |
| Black . . . . . . . . . | 2 | |
| Other (SPECIFY) ______________ | 3 | |

---

55. Thank you very much.

FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER THE INTERVIEW

A. Time ended: ____________________ AM
PM

---

B. Total length of interview: ☐☐ MINUTES 50-51/

---

C. Date of interview: ☐☐ ☐☐ 52-55/
MONTH DAY

---

D. Hispanic surname?

Yes . . . . . . . . . . . 1 56/
No . . . . . . . . . . . 2
Don't know . . . . . 7

---

E. In general, respondent's attitude toward the interview was . . .

Friendly and eager . . . . . . . 1 57/
Cooperative but not particularly eager . . . . . . . . . . . . . 2
Indifferent and bored, or . . . 3
Hostile . . . . . . . . . . . . . . 4

---

F. Respondent's understanding of the questions was . . .

Good . . . . . . . . . 1 58/
Fair . . . . . . . . . 2
Poor . . . . . . . . . 3

---

G. Interviewer's I. D. #: ☐☐☐☐☐ 59-63/

---

H. Interviewer's signature: ______________________________

CONFIDENTIAL

Survey 4203
5/75

National Opinion Research Center
University of Chicago

SAMPLES 2 & 3

NON-VIEWERS

Fill in case #
and sub-sample
from label on
face sheet.

☐-☐☐☐ 1-5
CASE #

SUB-SAMPLE ☐ 6

WAVE 5 7

## DALLAS HEALTH SURVEY

### WAVE V

Field Period: May 22 - June 16, 1975

Q x Q SPEX

please write in time again.

1. First, I'd like to ask you about some things you may or may not have done since March 1st of this year.

do not define for R.

| | Yes | No | Don't know | IF VOLUNTEERED: Started before MARCH 1 | Does not apply | |
|---|---|---|---|---|---|---|
| A. Since March 1st, have you had a Pap smear test? | 1 | 2 | 7 | -- | -- | 08/9 |
| B. Have you urged anyone else to have a Pap smear test since March 1st? | 1 | 2 | 7 | -- | -- | 09/9 |
| C. Have you had a dental checkup since March 1st? | 1 | 2 | 7 | -- | -- | 10/9 |
| D. Have you had an eye examination? | 1 | 2 | 7 | -- | -- | 11/9 |
| E. Have you taken your oldest pre-school child for a vision test since March 1st? | 1 | 2 | 7 | -- | 8 | 12/9 |
| F. Since March 1st, have you made any special effort to keep poisonous or harmful materials out of the reach of your small children? | 1 | 2 | 7 | 3 | 8 | 13/9 |
| G. Have you made a special effort to eat more fresh fruit since March 1st? | 1 | 2 | 7 | 3 | -- | 14/9 |
| H. Have you started a regular program of exercise for yourself since March 1st? | 1 | 2 | 7 | 3 | -- | 15/9 |

2. Since March 1st, have you had your blood pressure checked?

do not define for R

| | | |
|---|---|---|
| Yes. . . (ASK A) . . . | 1 | 16/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

A. IF YES: Were you told whether your blood pressure was high, low, normal, or weren't you told anything?

| | | |
|---|---|---|
| High . . . . . . . . . . | 1 | 17/9 |
| Low . . . . . . . . . . | 2 | |
| Normal . . . . . . . . . | 3 | |
| Not told anything . . | 4 | |
| Don't know . . . . . . | 7 | |

3. Since March 1st, have you urged anyone else to have his or her blood pressure checked?

| | | |
|---|---|---|
| Yes . . . . . . . . . . | 1 | 18/9 |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . . | 7 | |

4. Now I'm going to read some statements to you, and for each one tell me whether you agree or disagree. The first one is . . .

| | | Agree | Disagree | Don't know | Don't know what it means | |
|---|---|---|---|---|---|---|
| A. | Besides watching your diet, there's not much you can do to prevent heart attacks. | 1 | 2 | 7 | -- | 19/9 |
| B. | Once a person has had a heart attack, he should do as little physical activity as possible. | 1 | 2 | 7 | -- | 20/9 |
| C. | Only people who drink so much that they can't work can really be called "alcoholics." | 1 | 2 | 7 | -- | 21/9 |
| D. | It is easier to cure a person of alcoholism if the person doesn't realize that he's an alcoholic. | 1 | 2 | 7 | -- | 22/9 |
| E. | After a woman has had a breast removed because of cancer, she is still capable of having a normal sex life. | 1 | 2 | 7 | -- | 23/9 |
| F. | People who do regular exercise have fewer heart attacks than people who don't. | 1 | 2 | 7 | -- | 24/9 |
| G. | Taking tranquilizers is a good way of dealing with stress. | 1 | 2 | 7 | -- | 25/9 |
| H. | Eggs contain a lot of cholesterol. do not define for R. | 1 | 2 | 7 | 8<br>(SKIP TO L) | 26/9 |
| I. | Eating foods high in cholesterol won't hurt you. | 1 | 2 | 7 | -- | 27/9 |
| J. | Margarine contains more cholesterol than butter. | 1 | 2 | 7 | -- | 28/9 |
| K. | There is a lot of cholesterol in green leafy vegetables. | 1 | 2 | 7 | -- | 29/9 |
| L. | Cigarette smoking increases the chance of heart attack. | 1 | 2 | 7 | -- | 30/9 |
| M. | Heart disease tends to run in some families. | 1 | 2 | 7 | -- | 31/9 |
| N. | It's not good to ask a doctor a lot of questions about your illness--he'll tell you what you need to know. | 1 | 2 | 7 | -- | 32/9 |
| O. | Stress can be helpful as well as harmful. | 1 | 2 | 7 | -- | 33/9 |
| P. | When a doctor orders treatment, a patient has the right to say she does not want it. | 1 | 2 | 7 | -- | 34/9 |
| Q. | The last statement is: It is impossible to avoid stress in everyday life even if you are very careful. | 1 | 2 | 7 | -- | 35/9 |

5. When you are getting ready to speak to a doctor about yourself or someone else in the family, do you . . Read categories to R

try to memorize all the complaints and symptoms, . . . . . . . . . . . 1 36/9

write a list of the complaints and symptoms so you won't forget, or . 2

do you do something else? . . . . . 3

---

6. Some people say that doctors usually don't tell you enough about your conditions; they don't explain just what the trouble is. Do you think that is true of most doctors, or not?

True . . . (ASK A) . . 1 37/9

Not true . . . . . . . . 2

Don't know . . . . . . . 7

A. IF TRUE: When that happens to you, how often do you ask the doctor to tell you more about the condition . . Read categories to R

all the time, . . . . . 1 38/9

sometimes, or . . . . . 2

never? . . . . . . . . . 3

---

7. For each of the following ideas about sickness and health, please tell me if you mostly agree or mostly disagree. The first one is . . .

| | Mostly agree | Mostly disagree | Don't know | |
|---|---|---|---|---|
| A. No matter how careful a person is, he has to expect a good deal of illness in his lifetime. | 1 | 2 | 7 | 39/ |
| B. Being healthy is mainly a matter of how well you look after yourself. | 1 | 2 | 7 | 40/ |
| C. There's not much a person can do to keep from getting sick. | 1 | 2 | 7 | 41/ |

---

8. When do you think a child's eyes should first be checked . . . (READ CATEGORIES)

before the child is five years old . . 1 42/

when the child is between five and seven years old, or . . . . . . . . . 2

when the child is between seven and ten years old? . . . . . . . . . . . 3

do not read to R. — DON'T KNOW . . . . . . . . . . . . . . . 7

9. How often do you think people over 35 should have their eyes checked for glaucoma . . . (READ CATEGORIES)

| | | | |
|---|---|---|---|
| | every six months | 1 | 43/9 |
| | every year, or | 2 | |
| | every 2 years? | 3 | |
| do not read to R | DON'T KNOW | 7 | |
| | DON'T KNOW WHAT IT MEANS | 8 | |

---

10. If a person has heart trouble, which one of these kinds of meat do you think is best for him to eat--beef, veal, lamb, or pork?

| | | |
|---|---|---|
| Beef | 1 | 44/9 |
| Veal | 2 | |
| Lamb | 3 | |
| Pork | 4 | |
| Don't know | 7 | |

---

11. How often do you think a woman should examine her own breasts for lumps . . . (READ CATEGORIES)

| | | | |
|---|---|---|---|
| | every week | 1 | 45/9 |
| | every month | 2 | |
| | every 6 months, or | 3 | |
| | every year? | 4 | |
| do not read to R | DON'T KNOW | 7 | |

I'm going to read you a few more statements, and for each one tell me whether you agree or disagree. First . . .

| | | Agree | Disagree | Don't know | |
|---|---|---|---|---|---|
| 12. | Even with early detection and treatment, a large majority of women with breast cancer die from it. | 1 | 2 | 7 | 46/9 |
| 13. | A person who has diabetes in his family runs a greater risk of having glaucoma. | 1 | 2 | 7 | 47/9 |
| 14. | It's not important to give your doctor a complete description of your symptoms--he'll find out what's wrong with you when he examines you. | 1 | 2 | 7 | 48/9 |
| 15. | Most people who have had heart attacks can never again lead normal lives. | 1 | 2 | 7 | 49/9 |
| 16. | Parents who drink a lot are more likely to have children who drink a lot. | 1 | 2 | 7 | 50/9 |
| 17. | The doctor should help the patient describe his symptoms. | 1 | 2 | 7 | 51/9 |

do not define for R

18. Do you read newspaper items about health . . .

frequently . . . . . . . . . . . . . . . . 1 52/9
only occasionally, or . . . . . . . . . . 2
hardly ever? . . . (ASK A) . . . . . . . 3

A. IF HARDLY EVER: Is that because you . . .

don't read the newspapers much, or . . . . . 1 53/9
because you usually skip the health columns? . . . . . . . . . . . . . . . . . . 2
Other (SPECIFY) ______________________ 3

19. Do you have any books or pamphlets on health that relate to adults that you refer to when you or anyone else in your household gets sick?

Yes . . . . . . . . . . 1 54/9
No . . . . . . . . . . 2
Don't know . . . . . 7

20. How often do you discuss health matters with people you know . . .

often, . . . . . . . 1 55/9
sometimes, or . . . . 2
never? . . . . . . . . 3
DON'T KNOW . . . . . 7

21. Have you ever asked a druggist or pharmacist for advice about what to do when someone in your family gets sick?

Yes . . . . . . . . . . 1 56/9
No . . . . . . . . . . . 2
Don't know . . . . . . 7

---

22. Over the last six months, that is, since the first of the year, have you or anyone else in your household had . . .

do not explain or define for R.

| | Yes | No | Don't know | |
|---|---|---|---|---|
| A. heart trouble? | 1 | 2 | 7 | 57/9 |
| B. high blood pressure or hypertension? | 1 | 2 | 7 | 58/9 |
| C. hardening of the arteries? | 1 | 2 | 7 | 59/9 |
| D. a tumor, cyst or growth? | 1 | 2 | 7 | 60/9 |
| E. mental or emotional trouble? | 1 | 2 | 7 | 61/9 |
| F. cancer? | 1 | 2 | 7 | 62/9 |
| G. trouble with hearing? | 1 | 2 | 7 | 63/9 |
| H. trouble with seeing--even with glasses? | 1 | 2 | 7 | 64/9 |
| I. trouble with being very overweight or very underweight? | 1 | 2 | 7 | 65/9 |
| J. trouble due to too much drinking? | 1 | 2 | 7 | 66/9 |
| K. a lot of trouble with the teeth? | 1 | 2 | 7 | 67/9 |

---

23. When was the last time you had a routine physical check-up when nothing was bothering you and you didn't have to have one because of a job or anything like that--was it . . .

less than 3 months ago, . . . . . . . . 1 68/9
between 3 and 6 months ago, . . . . . . . 2
between 6 months and a year ago, . . . 3
more than a year ago, or . . . . . . . . 4
have you never gone for a check-up when nothing was bothering you? (SKIP TO Q. 25) . . . . . . . . . . . . 5
DON'T KNOW . . . . . . . . . . . . . . 7

24. About how often do you usually get a physical checkup even though you aren't sick, just to make sure everything is all right . . .

| | | |
|---|---|---|
| about every 3 months, . . . . . . | 1 | 69/9 |
| about every 6 months, . . . . . . | 2 | |
| about every year, . . . . . . . | 3 | |
| or what? (SPECIFY) ____________ | 4 | |
| DON'T KNOW . . . . . . . . . . . . | 7 | |

---

25. Did you ever examine your own breasts for the presence of lumps?

| | | |
|---|---|---|
| Yes . . . . . . . (ASK A) . . . . | 1 | 70/9 |
| No . . . . (SKIP TO Q. 27) . . . | 2 | |

A. IF YES: When did you start examining your breasts--was it . . .

| | | |
|---|---|---|
| within the last 3 months, . . . . . . . | 1 | 71/9 |
| between 3 and 6 months ago, . . . . . . . | 2 | |
| between 6 months and a year ago, . . . | 3 | |
| between a year and 2 years ago, or . . | 4 | |
| longer ago than that? . . . . . . . . . . | 5 | |
| DON'T KNOW . . . . . . . . . . . . . . . | 7 | |

---

26. How did you first learn to examine your own breasts? CODE ONE ONLY.

| | | |
|---|---|---|
| From a doctor (Suggested by Doctor) . | 01 | 72-73/99 |
| From a doctor (Suggested by Respondent) . . . . . . . . . . . . | 02 | |
| From a nurse . . . . . . . . . . . . | 03 | |
| From a friend . . . . . . . . . . . . | 04 | |
| From television . . . . . . . . . . . | 05 | |
| From a magazine . . . . . . . . . . . | 06 | |
| Never learned, just do it . . . . . . | 07 | |
| Other (SPECIFY) ____________ | 08 | |
| Don't know . . . . . . . . . . . . . . | 97 | |

BEGIN DECK 02

27. In the past month, how many days did you have to stay in bed, indoors, or away from your usual activities because of illness or injury?

Days: ________ 08-09/99

---

28. In the last 2 months or so, have you watched any adult programs at all on Channel 13 (KERA)?

Yes . . . . . (ASK A-C) . . . . 1 10/9
No . . . . . . . . . . . . . . . . 2
Don't know . . . . . . . . . . . . 7

IF YES:

A. Have you watched Evening at Symphony?

Yes . . . . . . . . . . 1 11/9
No . . . . . . . . . . 2
Don't know . . . . . 7

B. Have you watched Monty Python's Flying Circus?

Yes . . . . . . . . . . 1 12/9
No . . . . . . . . . . 2
Don't know . . . . . 7

C. Have you watched Feeling Good?

Yes . . (ASK [1]) . . 1 13/9
No . . . . . . . . . . 2
Don't know . . . . . 7

[1] IF YES TO C: How many times do you think you've watched Feeling Good in the last two months?

Times: ________ 14-15/99

---

16-34/R

PAY CLOSE ATTENTION TO THESE INSTRUCTIONS!

ASK QUESTIONS 29 TO 35 ONLY FOR SAMPLE 2, SUBSAMPLE 3 AND SAMPLE 3, SUBSAMPLE 2. FOR OTHERS SKIP TO Q. 36. (SEE LABEL ON FACE SHEET FOR SAMPLE AND SUBSAMPLE NUMBERS.)

Now for some background questions.

29. First, are you the head of the household?

| | | |
|---|---|---|
| Yes . . . . . . . . . . | 1 | 35/9 |
| No . . . (ASK A) . . | 2 | |

A. IF NO: What is the head of the household's name?

______________________________
ENTER NAME

---

30. What was the last grade of regular school that you completed? CODE ONE ONLY.

| | | |
|---|---|---|
| No schooling . . . . . . . . . . . | 1 | 36/9 |
| 1st to 4th grade . . . . . . . . | 2 | |
| 5th to 7th grade . . . . . . . . | 3 | |
| 8th grade . . . . . . . . . . . . | 4 | |
| High school, incomplete (Grades 9, 10, or 11) . . . . . | 5 | |
| High school, complete (12th grade) . . . . . . . . . . | 6 | |
| College, incomplete . . . . . . | 7 | |
| College, complete . . . . . . . | 8 | |

---

IF RESPONDENT IS *NOT* THE HEAD OF THE HOUSEHOLD, ASK Q. 31, OTHERS, GO TO Q 32.

31. What was the last grade (HEAD OF HOUSE) completed in school? CODE ONE ONLY.

| | | |
|---|---|---|
| No schooling . . . . . . . . . . | 01 | 37-38/99 |
| 1st to 4th grade . . . . . . . . | 02 | |
| 5th to 7th grade . . . . . . . . | 03 | |
| 8th grade . . . . . . . . . . . . | 04 | |
| High school, incomplete (Grades 9, 10, or 11) . . . | 05 | |
| High school, complete (12th grade) . . . . . . . . . | 06 | |
| College, incomplete . . . . . | 07 | |
| College, complete . . . . . . | 08 | |
| Don't know . . . . . . . . . . . | 97 | |

32. Last week was (HEAD OF HOUSEHOLD) working, going to school, keeping house, or what? IF MORE THAN ONE RESPONSE, CIRCLE THE CLOSEST TO THE TOP OF THE LIST. CODE ONE ONLY.

| | | |
|---|---|---|
| Working . . . . . . . . . . . . | 01 | 39-40/99 |
| With a job, but not at work because of temporary illness | 02 | |
| With a job, but not at work because of vacation . . . . | 03 | |
| Unemployed, laid off, looking for work . . . . . . . . . | 04 | |
| Retired . . . (ASK A) . . . . | 05 | |
| In school . . (ASK A) . . . . | 06 | |
| Keeping house (ASK A) . . . . | 07 | |
| Disabled or handicapped (ASK A) . . . . . . . . . . . | 08 | |
| Other (SPECIFY AND ASK A) ______________________ | 09 | |

A. IF RETIRED, IN SCHOOL, KEEPING HOUSE, DISABLED OR OTHER: Did (you/he/she) ever work for as long as one year?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . . . . . . | 1 | 41/9 |
| No . . . . (SKIP TO Q. 34) . . . | 2 | |

---

33. A. What kind of work (does/did) (HEAD OF HOUSEHOLD) do? That is, what (is/was) (your/his/her) job called?

OCCUPATION: ______________________________________ 42-44/999

B. IF NOT ALREADY ANSWERED, ASK: What (does/did) (you/he/she) actually do on that job? Tell me, what (are/were) some of the main duties?

DUTIES: ______________________________________

C. What kind of place (is/was) that?

INDUSTRY: ______________________________________ 45-46/99

D. IF NOT ALREADY ANSWERED, ASK: What (do/did) they (make/do)?

______________________________________

be sure to obtain a complete job description.

34. For the purpose of our survey, we need to have a rough estimate of the total income of your household before taxes. This includes wages, pensions, welfare, or any other income for everyone who lives in your household. Now, was the total income of your household . . . READ EACH CATEGORY UNTIL YOU GET A "NO" ANSWER.

For example:

| | | Yes | No | |
|---|---|---|---|---|
| A. | $ 2,000 or more? . . . | [✓ X] | 01 | 47-48/99 |
| B. | $ 3,000 or more? . . . | [✓ X] | 02 | |
| C. | $ 4,000 or more? . . . | [✓ X] | 03 | |
| D. | $ 5,000 or more? . . . | [✓ X] | 04 | |
| E. | $ 6,000 or more? . . . | [✓ X] | 05 | |
| F. | $ 7,000 or more? . . . | X | [✓ 06] | |
| G. | $ 8,000 or more? . . . | X | 07 | |
| H. | $10,000 or more? . . . | X | 08 | |
| I. | $15,000 or more? | → 10 | → 09 | |
| | Don't know . . . . . . . . . . . . | | 97 | |
| | Refused . . . . . . . . . . . . . . | | 98 | |

---

35. Finally, what is your race? RECORD VERBATIM AND CODE.

| | | |
|---|---|---|
| White . . . . . . . . . | 1 | 49/9 |
| Black . . . . . . . . . | 2 | |
| Other (SPECIFY) ________________ | 3 | |

---

36. Thank you very much.

FILL IN THE FOLLOWING ITEMS IMMEDIATELY AFTER THE INTERVIEW

A. Time ended: ____________________ AM
PM

---

B. Total length of interview: ☐☐ MINUTES 50-51/

---

C. Date of interview: ☐☐ ☐☐ 52-55/
MONTH DAY

---

D. Hispanic surname?

| | | |
|---|---|---|
| Yes . . . . . . . . . . . | 1 | 56/ |
| No . . . . . . . . . . . | 2 | |
| Don't know . . . . . | 7 | |

---

E. In general, respondent's attitude toward the interview was . . .

| | | |
|---|---|---|
| Friendly and eager . . . . . . . | 1 | 57/ |
| Cooperative but not particularly eager . . . . . . . . . . . . . . | 2 | |
| Indifferent and bored, or . . . | 3 | |
| Hostile . . . . . . . . . . . . . . | 4 | |

---

F. Respondent's understanding of the questions was . . .

| | | |
|---|---|---|
| Good . . . . . . . . . | 1 | 58/ |
| Fair . . . . . . . . . | 2 | |
| Poor . . . . . . . . . | 3 | |

---

G. Interviewer's I. D. #: ☐☐☐☐☐ 59-63/

---

H. Interviewer's signature: ____________________

# APPENDIX F

## Materials Sent to Respondents

*national opinion research center*

**NORC**

**UNIVERSITY OF CHICAGO**
6030 South Ellis Avenue, Chicago, Illinois 60637
JAMES A. DAVIS, Director
PAUL B. SHEATSLEY, Survey Research Service Director
(312) 753-1575

April 4, 1975

Dear Respondent,

We still need your cooperation concerning FEELING GOOD! And we want to pay you the remaining $30 promised to you last Fall.

The series about health is back on the air. The new program has been redesigned --partly as a result of your answers to our earlier interviews-- to be more informative and more interesting. The new show will last for only a half-hour. Dick Cavett is the host, and there will be guest appearances by Bill Cosby, Pearl Bailey, and others.

The new program will be shown on KERA-TV, Channel 13, on Sunday evening and then be repeated on Tuesday afternoon and again on Thursday afternoon. You should have received a calendar for the April shows, and a similar calendar will be sent to you for the May shows. The specific programs we want you to watch are:

| Show | Sunday<br>9:30pm - 10:00pm | Tuesday<br>2:30pm - 3:00pm | Thursday<br>12:15pm - 12:45pm |
|---|---|---|---|
| #2 | April 13 | April 15 | April 17 |
| #3 | April 20 | April 22 | April 24 |
| #4 | April 27 | April 29 | May 1 |
| #5 | May 4 | May 6 | May 8 |
| #6 | May 11 | May 13 | May 15 |
| #7 | May 18 | May 20 | May 22 |

For each half-hour program, you will have three chances to watch; and we are very interested in when you watch each of the six programs. As a reminder for yourself, please put a check on the calendar next to each show you watch; we will be asking you for this information in the coming weeks.

If you have any questions, telephone Judy O'Neal (231-4427) at the NORC office in Dallas.

Again, your help and cooperation are very important! All it takes is watching six TV programs and answering some questions, and we will pay you the $30 remaining from our original agreement. Thank you very much!

Sincerely,

Ed Meyers

Edmund D. Meyers, Jr.
Senior Study Director

EASTERN OFFICE: • 817 Broadway • New York, New York 10003 • Telephone: 677-4740 • Area Code 212

TRUSTEES: D. Gale Johnson, Pres. • Robert McC. Adams • Harold E. Bell • Norman M. Bradburn • Marvin Chandler
William H. Sewell • Evelyn M. Kitagawa • William H. Kruskal • Nathan Keyfitz • Paul F. Lazarsfeld • Lee Nelken Robins
Arnold Zellner

# PrimeTime

Channel 13
April – 1975

"Feeling Good" is back — revamped, revitalized and featuring Dick Cavett as host and narrator for the new 13-week series.

The experimental health series for adults (returning to Channel 13 4/6 at 9:30) was television's first attempt to motivate health behavior for an adult audience on a regular basis. Originally introduced last November as a 60-minute weekly series, "Feeling Good" drew a great measure of critical acclaim and a substantial audience response, but the program's producers were disappointed with its overall impact and withdrew it from the air temporarily in order to strengthen the informational purpose, content and format.

Dick Cavett, who for five years hosted his own late night talk show on ABC-TV, will appear in each of the programs which have been shortened to a half-hour in length.

"Dick has the ability to handle sensitive and sometimes controversial material with intelligence, tact and an unerring sense of wit," says William Kobin, vice president of Children's Television Workshop (CTW), creators of the series. "Our program topics need a variety of approaches such as Cavett is uniquely equipped to provide."

"What attracts me to the show (besides hypochondria) is that the subject matter is *vital* — in the original sense of the word," says Cavett. "It tells people about real problems in a way that can improve — or even save — their lives."

Cavett is no stranger to public broadcasting audiences. Three years ago he narrated "VD Blues," a two-hour special aimed at teenagers. His irreverent style was credited with stimulating thousands of calls for additional information and medical assistance from young people throughout the country.

The centerpiece of each show will be a well-developed documentary or drama. "It will be human and emotional and deal with an important factor in the maintenance of good health; for example, a drama coping with a heart attack and living with a heart attack victim," says Kobin.

Aspects of mental health, cancer, alcohol abuse, children's vision and hearing problems and other major preventable or controllable health problems that afflict large portions of the population will be covered. Most shows will contain one or more continuing features that will often involve a guest expert or an interview or demonstration. Such features may include consumer issues, self-tests, "life-savers" and descriptions of organs of the body.

In short, "Feeling Good" will convey more information in a more serious tone. But the series will continue to present appropriate information through a variety of techniques — whether it be satire, song, drama or documentary. ■

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*Seiji Ozawa conducts the Boston Symphony Orchestra in some of the world's greatest music in a reprise of Evening at Symphony, Sundays at 8:30 beginning 4/13.*

## 13 sunday

1:00 **BILL MOYERS' JOURNAL INTERNATIONAL REPORT** (R)

2:00 **WOMAN Sexual Suicide.** Guest is George Gilder, author of the controversial books *Sexual Suicide* and *Naked Nomads*, who believes that the women's liberation movement is destroying the male ego, the family and society.

2:30 **BEHIND THE LINES** Media review, designed to analyze and evaluate the process of news reporting.

3:00 **CAPITAL EYE** Winston Bode and capital correspondents interview prominent Texas political figures.

3:30 **PLAY BRIDGE WITH THE EXPERTS** Viewers bid, play and compare their decisions with those of master-players in this new series for bridge enthusiasts. Guest on tonight's program is Bobby Goldman of Dallas, member of 1971-72 U.S. World Champion "Aces" Team and past winner of the Vanderbilt and Reisinger Teams.

4:00 **RELIGION REPORT** Weekly focus on trend-setting religion affairs and news from the North Texas area and the national religious scene.

4:30 **BOOK BEAT Here at the New Yorker.** Bob Cromie talks with New Yorker drama critic Brendan Gill about the magazine's illustrious 50 years.

5:00 **WORLD PRESS** (R)

6:00 **WALL STREET WEEK The Congress and The Economy.** (R)

6:30 **WASHINGTON WEEK IN REVIEW** (R)

7:00 **THE ROMAGNOLIS' TABLE Made in Milan.** The Romagnolis cook *risotto alla Milanese* (Milan rice), *osso buco* (veal shin bone in herb sauce) and *cipolline agro dolce* (sweet and sour onion).

7:30 **MASTERPIECE THEATRE The Nine Tailors: #1.** In the premiere episode of this Dorothy L. Sayers mystery classic Lord Peter Wimsey attends a wedding and valuable emeralds are stolen. The Great War intervenes; 18 years later Wimsey returns to the scene of the crime. (R-Fri. 8:00)

8:30 **EVENING AT SYMPHONY** The brilliant Seiji Ozawa conducts the Boston Symphony Orchestra in an all Berlioz concert: "Roman Carnival Overture" and "Symphonie Fantastique."

9:30 **FEELING GOOD** Dick Cavett hosts.

10:00 **MONTY PYTHON'S FLYING CIRCUS** Featuring a science fiction sketch in which England is victimized by creatures from the galaxy Andromeda and most Englanders are turned into Scotsmen.

10:30 **GOVERNMENT**

11:00 **ENGLISH**

12:00 **SIGN OFF**

FEELING
GOOD

Dick Cavett to Host New Feeling Good Show

FEELING GOOD RETURNS

Feeling Good returns to the air on Channel 13, Sunday, April 6, 9:30 PM. Repeats: Tue., 2:30 PM, Thur., 12:15 PM. The new show is thirty minutes. For your records and convience, the calender includes show numbers, viewing time and 'check off' space to indicate the date you viewed. This will assist in the research.

April 1975

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| FEELING GOOD<br>Show # 201<br>9:30 P.M.<br>—<br>6 | 7 | FEELING GOOD<br>Show # 201<br>2:30 P.M.<br>—<br>8 | 9 | FEELING GOOD<br>Show # 201<br>12:15 P.M.<br>—<br>10 | 11 | 12 |
| FEELING GOOD<br>Show # 202<br>9:30 P.M.<br>—<br>13 | 14 | FEELING GOOD<br>Show # 202<br>2:30 P.M.<br>—<br>15 | 16 | FEELING GOOD<br>Show # 202<br>12:15 P.M.<br>—<br>17 | 18 | 19 |
| FEELING GOOD<br>Show # 203<br>9:30 P.M.<br>—<br>20 | 21 | FEELING GOOD<br>Show # 203<br>2:30 P.M.<br>—<br>22 | 23 | FEELING GOOD<br>Show #203<br>12:15 P.M.<br>—<br>24 | 25 | 26 |
| FEELING GOOD<br>Show # 204<br>9:30 P.M.<br>—<br>27 | 28 | FEELING GOOD<br>Show #204<br>2:30 P.M.<br>—<br>29 | 30 | FEELING GOOD<br>Show # 204<br>12:15 P.M.<br>— | | |

national opinion research center

**NORC**

**UNIVERSITY OF CHICAGO**
6030 South Ellis Avenue, Chicago, Illinois 60637
753-1300 Area Code 312
JAMES A. DAVIS, Director
PAUL B. SHEATSLEY, Survey Research Service Director

June 20, 1975

Dear Respondent:

Enclosed is a money order for $30.00 in fulfillment of our agreement to pay you for watching the television program, Feeling Good, and for participating in our survey on health.

This money order can be cashed at your local supermarket or at any other place where you shop regularly. If you have any difficulty cashing it, just take the money order to the Oak Cliff Bank, at 400 South Zang, in Dallas. Show the teller this letter--along with some identification such as a driver's license or a credit card. Be sure to sign the money order in front of the person who will cash it for you, either the clerk at your neighborhood store, or the bank teller.

Thank you very much for your cooperation in this project. We hope you have enjoyed watching Feeling Good and participating in the interviews. Our staff in Dallas has very much enjoyed working with you!

Sincerely,

Mary C. Burich

(Mrs.) Mary C. Burich
Senior Field Supervisor

MCB/jh

Enclosure

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national opinion research center NORC

**UNIVERSITY OF CHICAGO**
6030 South Ellis Avenue, Chicago, Illinois 60637
753-1300 Area Code 312
JAMES A. DAVIS, *Director*
PAUL B. SHEATSLEY, *Survey Research Service Director*

June 20, 1975

Dear Respondent:

Enclosed is a money order for $15.00 in fulfillment of our agreement to pay you for participating in our Dallas Health Survey.

This money order can be cashed at your local supermarket or at any other place where you shop regularly. If you have any difficulty cashing it, just take the money order to the Oak Cliff Bank, at 400 South Zang, in Dallas. Show the teller this letter--along with some identification such as a driver's license or credit card. Be sure to sign the money order in front of the person who will cash it for you, either the clerk at your neighborhood store, or the bank teller.

Thank you very much for your cooperation in this project. We hope you have enjoyed participating as much as we have enjoyed working with you.

Sincerely,

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